

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2502
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

KATHERINE DONOHO

2. DATE
OF
DEATH

MAR. 15-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD.

B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution)

2016 BOUGH ST

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 2-01

D. STREET ADDRESS (If rural, give location)

2016 BOUGH ST

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

W.

8. DATE OF BIRTH

SEPT. 1865

9. AGE (In years last birthday)

85-7-

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

AT HOME

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

IRELAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

THOMAS GOODWIN

14. MOTHER'S MAIDEN NAME

JANE BURNS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

MRS. ANNA DONOHO, 2016 BOUGH ST

18. 315.0 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

cerebral hemorrhage

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

cerebral arterio-sclerosis
pericardial arterio-sclerosis

?

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Cardiac Asthenia
Chronic Hypertrophic Arteriosclerosis

6 wks

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 30, 1948, to March 15, 1951, that I last saw the deceased alive on March 15, 1951, and that death occurred at 7:15 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

MAR. 17-51

WOODLAWN

BALTIMORE MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

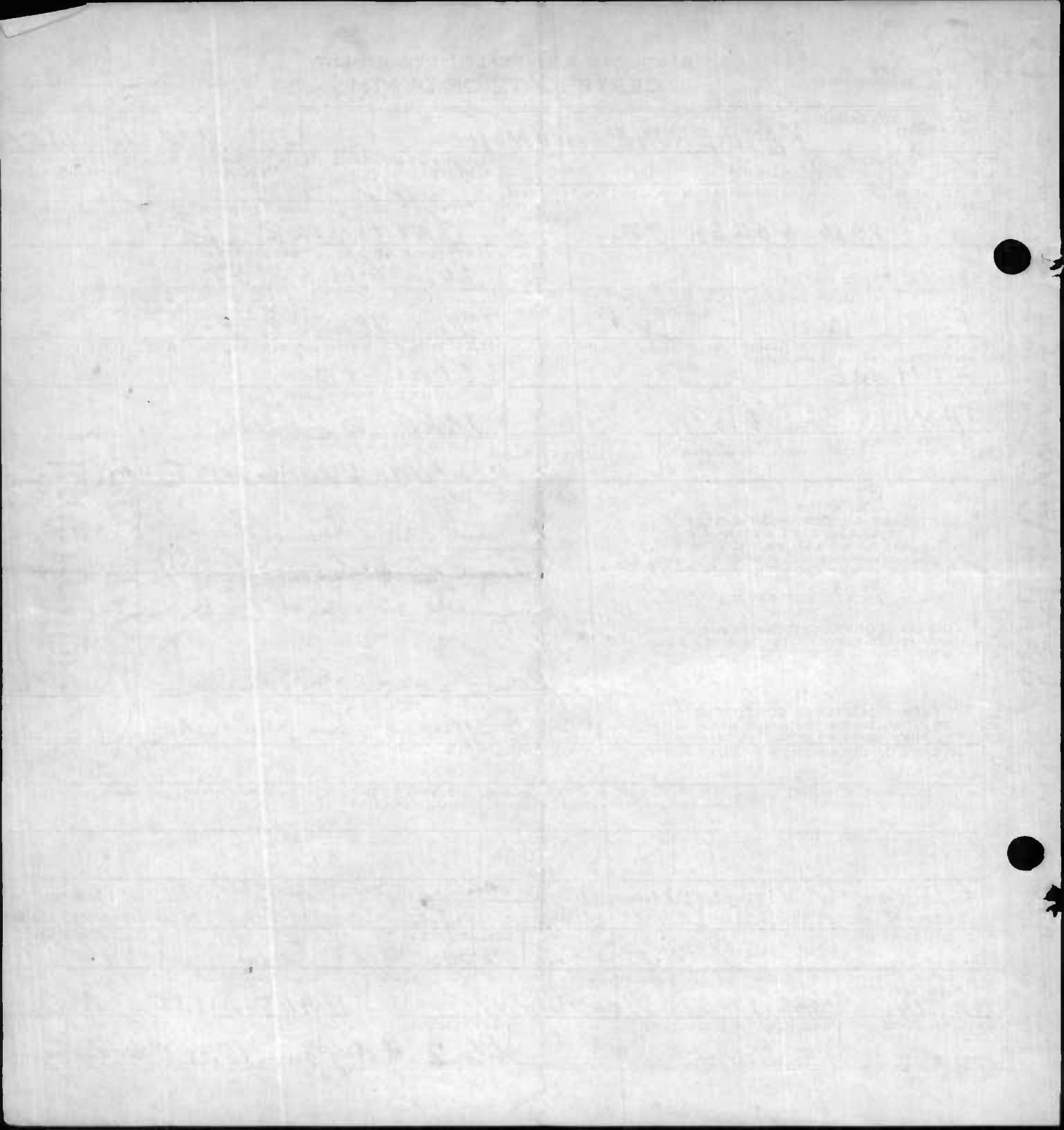
MAR 17 1951

John W. Williams

6022 1/2 N. Broadway 1639 Broadway

VS 150

083a



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2503

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES A. SMITH

2. DATE
OF
DEATH

15 MAR 51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

MERCY HOSPITAL

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

6-25-99

9. AGE (In years last birthday)

52

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

PORTER

10B. KIND OF BUSINESS OR INDUSTRY

Lincoln Sales Corp

11. BIRTHPLACE (State or foreign country)

Balto., Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Harry M. Smith

14. MOTHER'S MAIDEN NAME

Annie T. Wheatley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

YES

WORLD WAR I

16. SOCIAL SECURITY NO.

214-03-0747

17. INFORMANT

Bettie Smith-1702 E. Eager St.

ADDRESS

18. 443X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) PONTINE HEMORRHAGE 3 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) HYPERTENSIVE ARTERIOSCLEROTIC CARDIOVASCULAR DIS

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 15 MARCH 1951, to 15 MARCH 1951, that I last saw the deceased alive on 15 MAR 19 51, and that death occurred at 8:05 P.M., from the causes and on the date stated above.

23A. SIGNATURE

John R. Pate

M. D.

23B. ADDRESS

Mercy Hosp

23C. DATE SIGNED

16 Mar 51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/20/51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore National

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 17 1951

REGISTRAR'S SIGNATURE

William H. Hightower

25. FUNERAL DIRECTOR

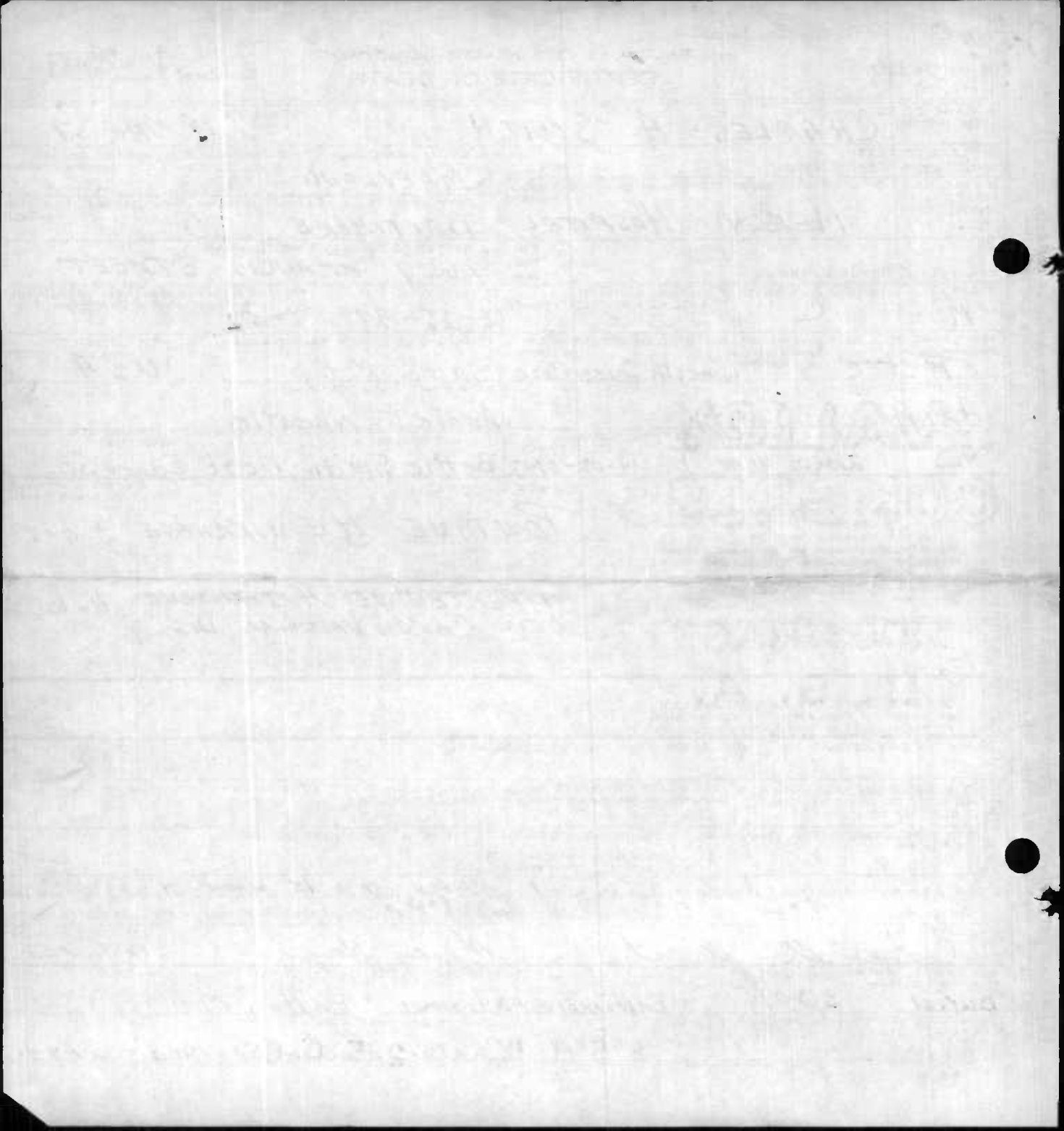
Charles A. Bader 802 Madison Ave.

ADDRESS

VS 150

7806J

093d



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2504

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Fannie Doerr

2. DATE
OF DEATH 3-16-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals
4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write FULLAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2815 Lafayette Ave. W.

E. Length of stay in Baltimore

69 yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Wid.

8. DATE OF BIRTH

July 31, 1873

9. AGE (In years
last birthday)

77

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

7 16

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Washington, D. C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Kaufman

14. MOTHER'S MAIDEN NAME

Sophie Heard

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS
B. C. H. Records, 4940 Eastern Ave.

18. 491X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Bronchopneumonia

DUE TO

2 wks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

30 yrs.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Hypertensive Arteriosclerotic Heart Disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

22. I hereby certify that I attended the deceased from 9-24-46, 19, to March 16, 1951 that I last saw the
deceased alive on March 16, 1951, and that death occurred at 6.45AM from the causes and on the date stated above.

23A. SIGNATURE

W. C. Rogers

M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

3-16-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Mar 19, 1951

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Friendship

24D. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

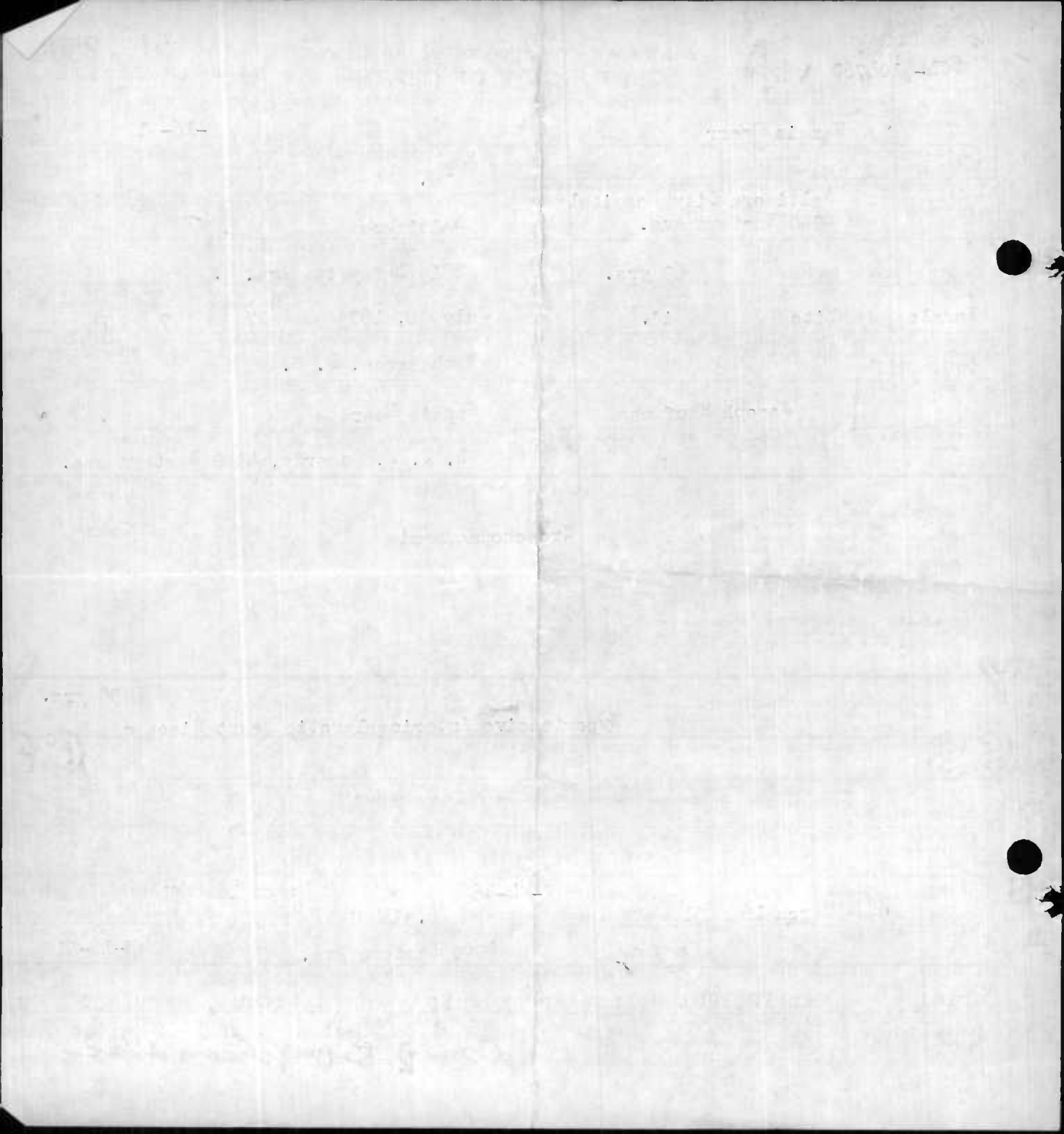
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25 FUNERAL DIRECTOR

David Soudasim & Son 1902 Titaw Plac

David Soudasim & Son



0-200
2505
The correct age is especially important. Every item of information should be clearly and legibly supplied. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2505
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY JANE DEWEES

2. DATE
OF
DEATH

March 16, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

MD.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

518 RADNOR AVE

C. CITY OR TOWN

(If outside corporate limits, write FULLAL and give township)

BALTO.

27-10

D. STREET ADDRESS (If rural, give location)

518 RADNOR AVE

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

9-28-1866

9. AGE (In years,
last birthday)

84

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

IRELAND

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

BERNARD MCNAMEE

14. MOTHER'S MAIDEN NAME

MARGARET COLEMAN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

MRS. G.F. GRIFFIN

SAME

18. 422.2 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Chronic Myocarditis

INTERVAL BETWEEN
ONSET AND DEATH

1940

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Acute Cardiac Distention
Pulmonary Arteriosclerosis

1951

1951

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from March 10, 1951, to March 16, 1951, that I last saw the deceased alive on March 16, 1951, and that death occurred at 4:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

G. H. Brash

23B. ADDRESS

M. D.

503 S. Linden A

23C. DATE SIGNED

3/16/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

3-19-1951

24C. NAME OF CEMETERY OR CREMATORY

ST. MARYS GOVANS

24D. LOCATION (City, town, or county)

BALTO.

(State)

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 17 1951

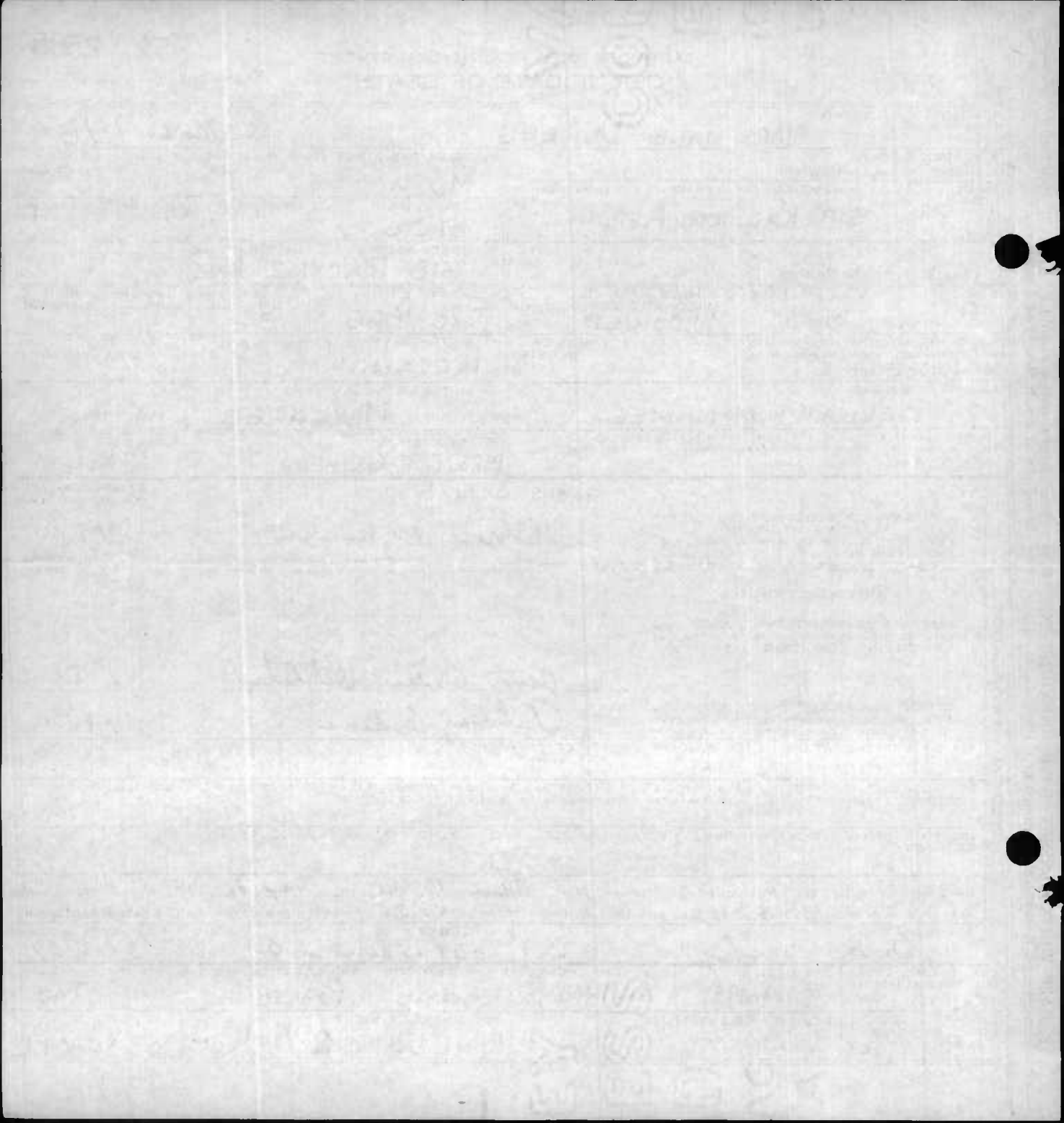
REGISTRAR'S SIGNATURE

William H. Williams

25. FUNERAL DIRECTOR

H. W. WENKINS & SONS Co. 4905 YORK RD.

ADDRESS



R-125
51 2506

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2506

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EMMA A. REIFSNYDER

2. DATE
OF
DEATH

Mar. 16-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto. City Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

151 N. Kenwood Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

Balto.

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

151 N. Kenwood Ave

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (In years last birthday)

51

10. Under 1 Year
Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Jacob Fialkowski

14. MOTHER'S MAIDEN NAME

Victoria Potocki

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Robert Reifsnnyder 151 N. Kenwood Ave

18.

420.1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Acute Coronary occlusion

INTERVAL BETWEEN
ONSET AND DEATH

24 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Mar. 14, 1951, to Mar. 16, 1951, that I last saw the deceased alive on Mar. 14, 1951, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Wm. S. Fialkowski

23B. ADDRESS

701 N. Kenwood Ave

23C. DATE SIGNED

4/6/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Mar. 19, 1951

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Balto. Co.

(State)

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 17 1951

REGISTRAR'S SIGNATURE

Wm. S. Fialkowski

25. FUNERAL DIRECTOR

Wm. S. Fialkowski 2007 Eastern Ave

ADDRESS

UNITED STATES DEPARTMENT OF AGRICULTURE
OFFICE OF THE SECRETARY

1913
A.E.

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2507

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

PEARL F. HAMMANN

2. DATE
OF
DEATH

Mar. 16, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

INSTITUTION 2205 Monticello Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Dec. 15, 1882

9. AGE (In years
last birthday)

68

If Under 1 Year
Months Days

If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Wm. Gaigler

14. MOTHER'S MAIDEN NAME

Mary Bothoff

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Richard McKay - 2205 Monticello Rd.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

about
12 hrs

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral thrombosis & paralysis
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Cardiovascular disease
DUE TO
(C) Arterio Sclerosis & Hypertension

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from July 1947, to March 16, 1951, that I last saw the deceased alive on March 16, 1951, and that death occurred at 2:30 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/19/51

24C. NAME OF CEMETERY OR CREMATORY

Western Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 17 1951

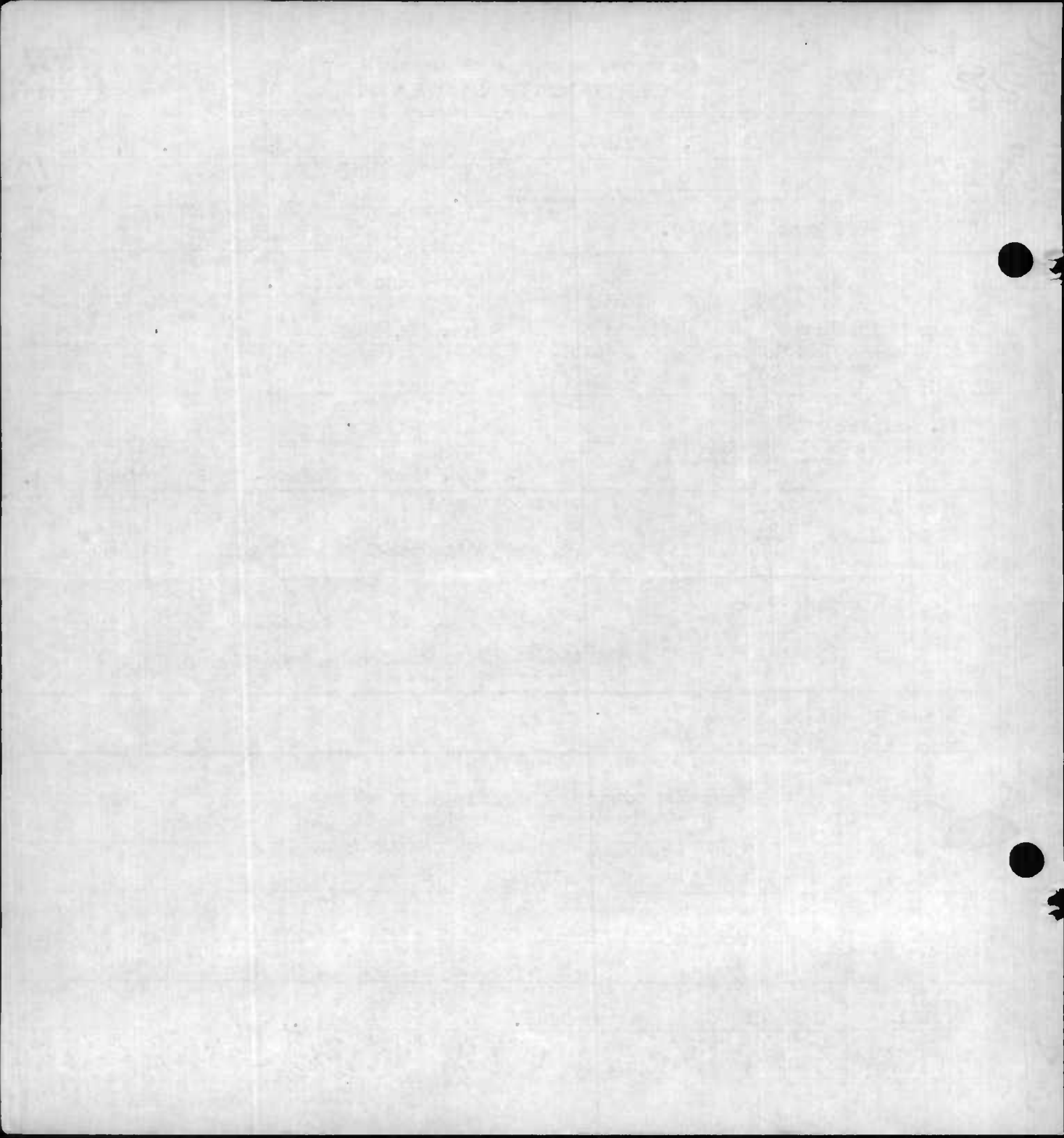
REGISTRAR'S SIGNATURE

Wm. J. Dickener & Sons

25. FUNERAL DIRECTOR

Wm. J. Dickener & Sons - Balto. Md.

ADDRESS



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-621
51 2508
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2508
Registered No.

1. NAME OF DECEASED (Type or Print) John Harry Kirchhoff			2. DATE OF DEATH Mar 16 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland 3206 Strickland St B. FULL NAME OF HOSPITAL OR INSTITUTION Life C. Length of stay in Baltimore Life Yrs. Mos. Days			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY Baltimore C. CITY OR TOWN (If outside corporate limits, write R.R. and give township) 20-06 D. STREET ADDRESS (If rural, give location) 3206 Strickland St		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower	8. DATE OF BIRTH June 28 1868		9. AGE (In years last birthday) 82
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10B. KIND OF BUSINESS OR INDUSTRY Self Employed		11. BIRTHPLACE (State or foreign country) Baltimore Md	
13. FATHER'S NAME William F. Kirchhoff			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) Life			16. SOCIAL SECURITY NO.		
17. INFORMANT Elizabeth M. Kuhl			ADDRESS 3206 Strickland St		

18. 331X and 177X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO Cerebral Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 4 days	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertension, Arterial DUE TO Hypertension, Arterial	
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Carcinoma, Prostate Gland	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Fall , 19 50 , to March 16, 1951 , that I last saw the deceased alive on 2/14 , 19 51 , and that death occurred at 5:58 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Dr. William H. II		23B. ADDRESS 3534 Edmonson Rd		23C. DATE SIGNED 3/17/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Mar 19 1951		24C. NAME OF CEMETERY OR CREMATORY Loudon Park	
24D. LOCATION (City, town, or county) Balto Md		24E. FUNERAL DIRECTOR Harry H. [unclear]		24F. ADDRESS 4204 Ridgewood Ave	

MAR 17 1951
VS 150
0516

35345201

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2509
Registered No. _____

1. NAME OF DECEASED
(Type or Print)

JAMES B. SMITH

2. DATE
OF
DEATH

3/13/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE B. COUNTY

Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3207 Abell Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3207 Abell Avenue.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1887

9. AGE (In years last birthday)

63

10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clerk

10B. KIND OF BUSINESS OR INDUSTRY

B & O RR

11. BIRTHPLACE (State or foreign country)

Mass.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James Smith

14. MOTHER'S MAIDEN NAME

Mary O'Rourke

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Miss May Smith-3207 Abell Ave.

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardiovascular Disease

Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

None

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

None

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MARCH 10, 1951, to MARCH 13, 1951, that I last saw the deceased alive on MAR 13, 1951, and that death occurred at 7:15 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph H. Bird

23B. ADDRESS

1532 Harenwood Rd.

23C. DATE SIGNED

March 17, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/17/51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem

24D. LOCATION (City, town, or county)

City

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

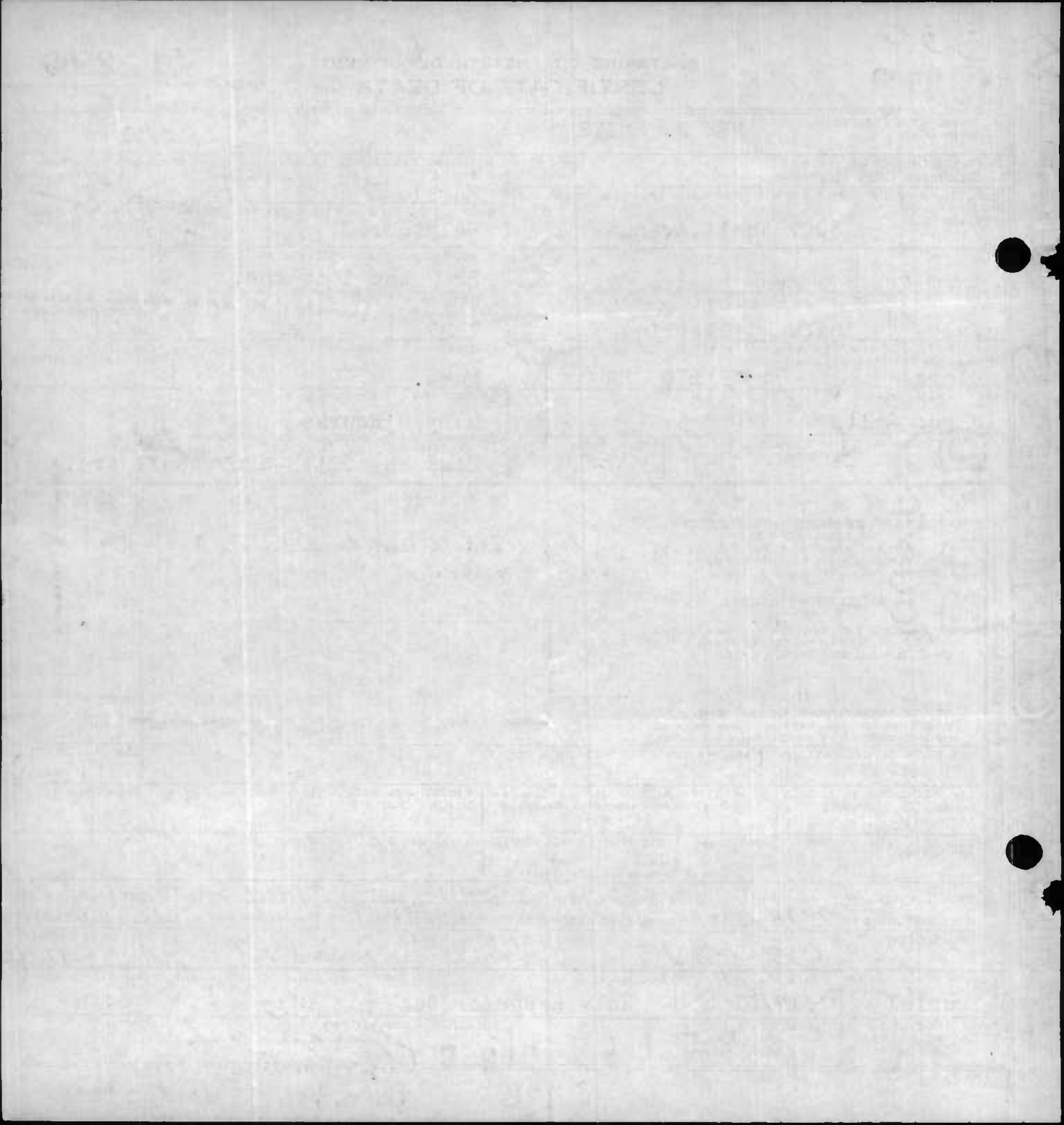
25. FUNERAL DIRECTOR

ADDRESS

MAR 17 1951

39050

GREENMOUNT AVE. & 22nd ST. 093d



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Louise Smith

2. DATE
OF
DEATH

March 14, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

9502 Harlem Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

Prof. Family

13. FATHER'S NAME

Charles A. Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Carrie Rawlings 9502 Harlem Ave.

ADDRESS

18. *422.2*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Acute Nephritis -

40 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Chronic Myocarditis

6 mos.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *2/3/51*, 19*51*, to *3/14/51*, 19*51*, that I last saw the deceased alive on *3/13/51*, 19*51*, and that death occurred at *3:40 P. m.*, from the causes and on the date stated above.

23A. SIGNATURE

[Signature]

M. D.

23B. ADDRESS

450 W. B. Ave. 87

23C. DATE SIGNED

3/17/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

March 17, 1951

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Mem. Plc.

24D. LOCATION (City, town, or county) (State)

Baltimore Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

[Signature]

MAR 17 1951

VS 150

7208A

093d

MEDICAL CERTIFICATION

1990

Figure 1 is a line graph showing the percentage of total protein in the plasma membrane fraction of the brush border (BB) and the total protein in the BB over time (0 to 120 minutes) for three conditions: Control (open circles), 100 μ M NaF (filled circles), and 100 μ M NaF + 100 μ M GSK-279965 (filled squares). The BB protein levels (open circles) decrease over time, reaching approximately 60% at 120 minutes. The NaF-treated group (filled circles) shows a faster decrease, reaching approximately 40% at 120 minutes. The NaF + GSK-279965 group (filled squares) shows a slower decrease, reaching approximately 70% at 120 minutes. Error bars represent standard deviation.

100

1845-1846

15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2511

1. NAME OF DECEASED (Type or Print) <u>VICTOR R. PINKSTAFF</u>		2. DATE OF DEATH <u>March 15, 1951</u>	
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>9-05</u>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Union Memorial Hospital</u>		C. CITY OR TOWN (If outside corporate limits write RURAL and give township) <u>Baltimore</u>	
Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) <u>815 E. 33rd Street</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1/11/1900</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auditor</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>R. R.</u>	9. AGE (In years last birthday) <u>51</u>
13. FATHER'S NAME <u>William O. Pinkstaff</u>		11. BIRTHPLACE (State or foreign country) <u>Pinkstaff Ill.</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		12. CITIZEN OF WHAT COUNTRY? <u>Ill.</u>	
16. SOCIAL SECURITY NO. <u>Wm O. Pinkstaff - Pinkstaff Ill</u>		14. MOTHER'S MAIDEN NAME <u>Mary Luella Shinn</u>	
17. INFORMANT <u>Wm O. Pinkstaff - Pinkstaff Ill</u>		ADDRESS	

MEDICAL CERTIFICATION

18. <u>E903.0</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) <u>Fracture of skull</u> DUE TO (B) <u>Bilateral subdural hematoma</u> DUE TO (C) <u>Laceration of brain</u>	INTERVAL BETWEEN ONSET AND DEATH
--	--	----------------------------------

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>home</u>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>815 E. 33rd Street</u>
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>March 15, 1951 ?</u> m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <u>Presumably fell backwards & struck head</u>
22. I certify that I took charge of the remains described above, held an <u>autopsy</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE <u>R S Fisher</u>	23B. CHIEF MEDICAL EXAMINER..... M.D. ASSISTANT MEDICAL EXAMINER..... <u>Pinkstaff</u>	23C. DATE SIGNED <u>March 16, 1951</u>

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24B. DATE <u>3/16/51</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Pinkstaff</u>	24D. LOCATION (City, town, or county) (State) <u>Pinkstaff Ill.</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 17 1951</u>	REGISTRAR'S SIGNATURE <u>Huntington Williams</u>	25. FUNERAL DIRECTOR <u>Boz</u>	ADDRESS <u>207 St. Paul St</u>

VS 151

N-803.0

00050

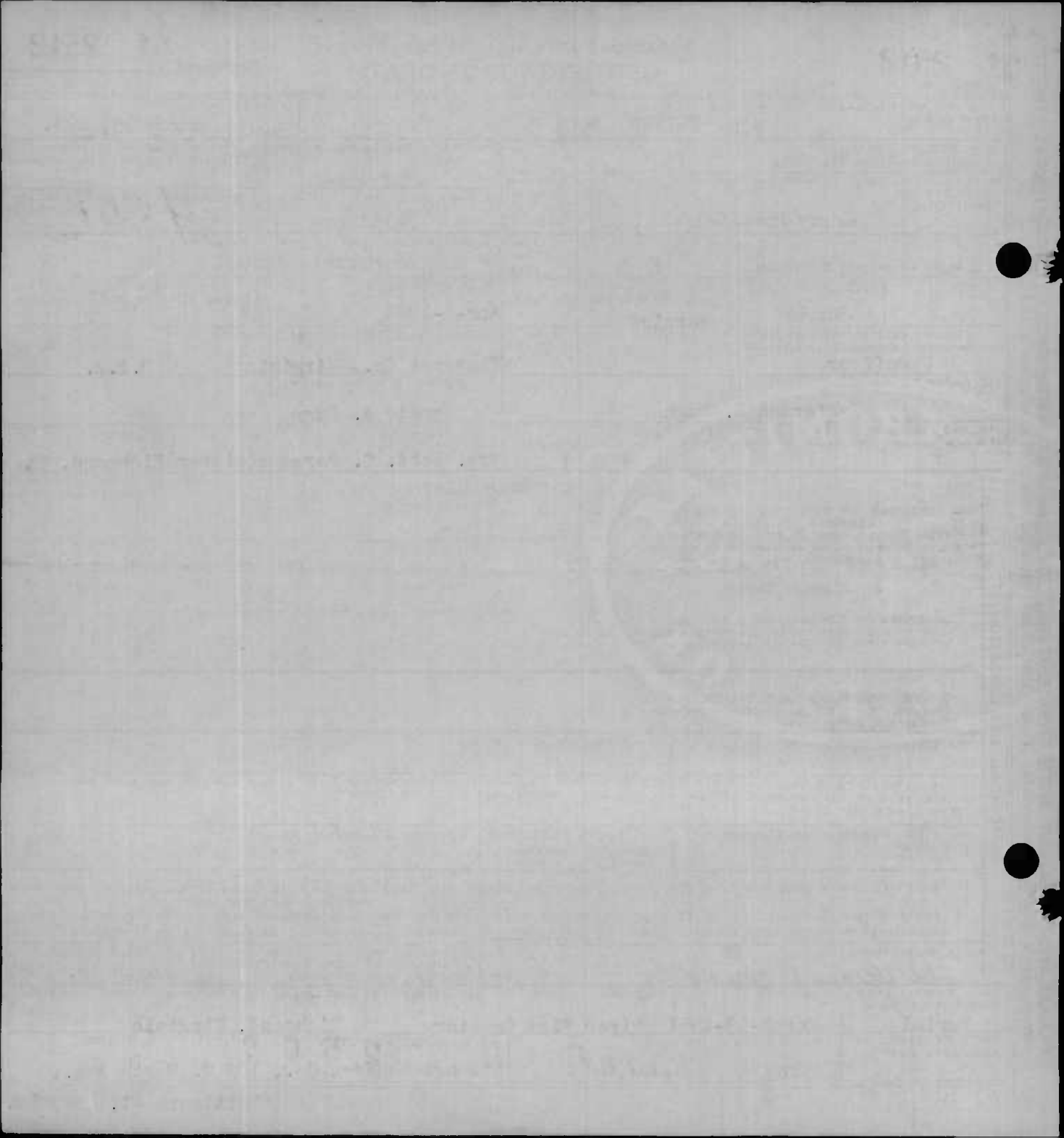
186a

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **51 2512**

BIRTH NO. 200 1 2512		
1. NAME OF DECEASED (Type or Print) JOHN OLIVER PUGH		
2. DATE OF DEATH March 15, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
D. STREET ADDRESS (If rural, give location) 48 Market Place		
c. Length of stay in Baltimore ? ?		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Apr-5-1902		9. AGE (In years last birthday) 48
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur		10B. KIND OF BUSINESS OR INDUSTRY ?
11. BIRTHPLACE (State or foreign country) Fluvanna Co., Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Jefferson B. Pugh		14. MOTHER'S MAIDEN NAME Nannie A. Bugg
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) ? ?		16. SOCIAL SECURITY NO. ? ?
17. INFORMANT Mrs. Robt. C. Parsons (sister)		ADDRESS Richmond, Va.
18. 5810 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fatty liver (A) DUE TO CAUSE OF DEATH ANTECEDENT CAUSES (B) DUE TO DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION 8		19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an <u>Inspection & Inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE William V. Lovett		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....
23C. DATE SIGNED March 16, 1951		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE March-19-1951	24C. NAME OF CEMETERY OR CREMATORY River View Cemetery
24D. LOCATION (City, town, or county) (State) Richmond, Virginia		
DATE RECEIVED BY LOCAL REGISTRAR MAR 17 1951	REGISTRAR'S SIGNATURE Stewart & Mowen Co.,	25. FUNERAL DIRECTOR Stewart & Mowen Co., 108 W. North Ave.,
VS 151 682 98 124 b Baltimore #1, Maryland.		



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2513

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James Louie, or James Lonie

2. DATE
OF
DEATH

3-15-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE
Md.

B. COUNTY before admission)

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals
4940 Eastern Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

714 N. Howard St.

6. Length of stay in Baltimore

30 yrs.

Yrs.
Mos.
Days

7. SEX
Male

8. COLOR OR RACE
Chinese

9. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

10. DATE OF BIRTH

Dec. 7, 1893

11. AGE (In years
last birthday)

57

12. If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

13a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

13b. KIND OF BUSINESS OR
INDUSTRY

Restaurant

14. BIRTHPLACE (State or foreign country)

China

15. CITIZEN OF
WHAT COUNTRY?

16. FATHER'S NAME

? Louie

17. MOTHER'S MAIDEN NAME

Woo Sai

18. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

19. SOCIAL
SECURITY NO.

20. INFORMANT

ADDRESS

B. C. H. Records, 4940 Eastern Ave.

21. 4 20.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

over
5yrs.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive Artersclerotic Heart Di-
sease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

22. OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Arteriolar Nephrosclerosis

Over
5yrs.

23a. DATE OF OPERATION

23b. MAJOR FINDINGS OF OPERATION

24. AUTOPSY?
YES ☐ NO ☒

25a. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

25b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

25c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

26a. TIME (Month) (Day) (Year) (Hour)
OF INJURY

26b. INJURY OCCURRED

26c. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

27. I hereby certify that I attended the deceased from 3-13-51, 19, to March 15, 19 51 that I last saw the
deceased alive on March 15 19 51. and that death occurred at 10.30pm on the causes and on the date stated above.

28a. SIGNATURE

J. H. Hogan

M. D.

28b. ADDRESS

4940 Eastern Ave.

28c. DATE SIGNED

3-16-51

29a. BURIAL, CREMA-
TION, REMOVAL (Specify)

29b. DATE

Mar/19/51

29c. NAME OF CEMETERY OR CREMATORY

Lorraine Cemetery

29d. LOCATION (City, town, or county)

Woodlawn, Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

30. FUNERAL DIRECTOR

ADDRESS

Stewart & Mowen Co.

MAR 17 1951

VS 150

2906M

City #1. 131a

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100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

514

KNOEPLER

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2514

BIRTH NO. 51-06255-

1. NAME OF DECEASED (Type or Print) Kenneth A. Knoepfler		2. DATE OF DEATH 3/16/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Doxtors Hospital (If not in hospital or institution, give street address or location)		C. CITY OR TOWN Baltimore (If outside corporate limits, write full name and give township)	
c. Length of stay in Baltimore 3 days Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 15 N. Calhoun St	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) infant	8. DATE OF BIRTH 3.13.51
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 3 days Months: Days: Hours: Min.
13. FATHER'S NAME Richard Albert Knoepfler		14. MOTHER'S MAIDEN NAME Gloria Lucrce Lewis	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT		ADDRESS	

18. 762.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Atelectasis (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)			
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3.10.51 , to 3.16 , 19 51 , that I last saw the deceased alive on 3.16 , 19 51 , and that death occurred at 7:30 p.m. , from the causes and on the date stated above.			
23A. SIGNATURE George Lee M. D.		23B. ADDRESS 2230 N. Charles	23C. DATE SIGNED 3/17/51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/19/51	24C. NAME OF CEMETERY OR CREMATORY Glenwood Cem.	24D. LOCATION (City, town, or county) (State) Washington D.C.
DATE RECEIVED BY LOCAL REGISTRAR MARY 1951	REGISTRAR'S SIGNATURE Ernest F. Adams	25. FUNERAL DIRECTOR'S ADDRESS Ernest F. Adams - Wash. D.C.	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2515

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary Florence Meier

2. DATE
OF
DEATH

March 15 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Hood Convalescent Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2911 Frederick Avenue

C. Length of stay in Baltimore

79 years

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Jan 29 1872

9. AGE (In years last birthday)

79

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Henry Stei nacker

14. MOTHER'S MAIDEN NAME

Martha Holmes

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Martha K. Stei nacker 2911 Frederick Avenue Baltimore Md

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B) Atherosclerotic C. V. D

(C)

INTERVAL BETWEEN ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from JAN 1942 to March, 1951, that I last saw the deceased alive on MAR 15, 1951, and that death occurred at 9 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Mar 19 1951

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cemetery

24D. LOCATION (City, town, or county)

Pikesville

Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Bernyman & Sons Keisterstown Md

STATE OF NEW YORK
OFFICE OF THE ATTORNEY GENERAL

1911

IN SENATE,
January 11, 1911.

REPORT
OF THE
ATTORNEY GENERAL,
JAMES C. CLARK,
FOR THE YEAR
1910.

ALBANY:
J. B. LIPPINCOTT & CO.,
PRINTERS,
1911.

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HORTENSE

PAUL

2. DATE
OF
DEATH

March 16, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)

3031 Mondawmin Avenue

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

15-37

D. STREET ADDRESS (If rural, give location)

3031 Mondawmin Avenue

c. Length of stay in Baltimore

10 Yrs

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 10, 1917

9. AGE (In years
last birthday)

34

If Under 1 Year
Months Days

If Under 24 Hours
Hours Min.

11. BIRTHPLACE (State or foreign country)

New York City

12. CITIZEN OF
WHAT COUNTRY?

USA

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House Wife

10B. KIND OF BUSINESS OR
INDUSTRY

Own Home

13. FATHER'S NAME

Bert C Cohn

14. MOTHER'S MAIDEN NAME

Leona Elfond

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Dr Howard Paul 3031 Mondawmin Ave

ADDRESS

18. E976 X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Gunshot wound of chest

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Hodgkins disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

Home

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

3031 Mondawmin Avenue

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

March 16, 1951 9:30 P. m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Firearms

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.

23A. SIGNATURE

RS Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

March 17, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Cremation

24B. DATE

March 18, 1951

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cemetery

24D. LOCATION (City, town, or county)

Baltimore Md 3

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 18 1951

REGISTRAR'S SIGNATURE

Dr. H. H. Williams

25. FUNERAL DIRECTOR

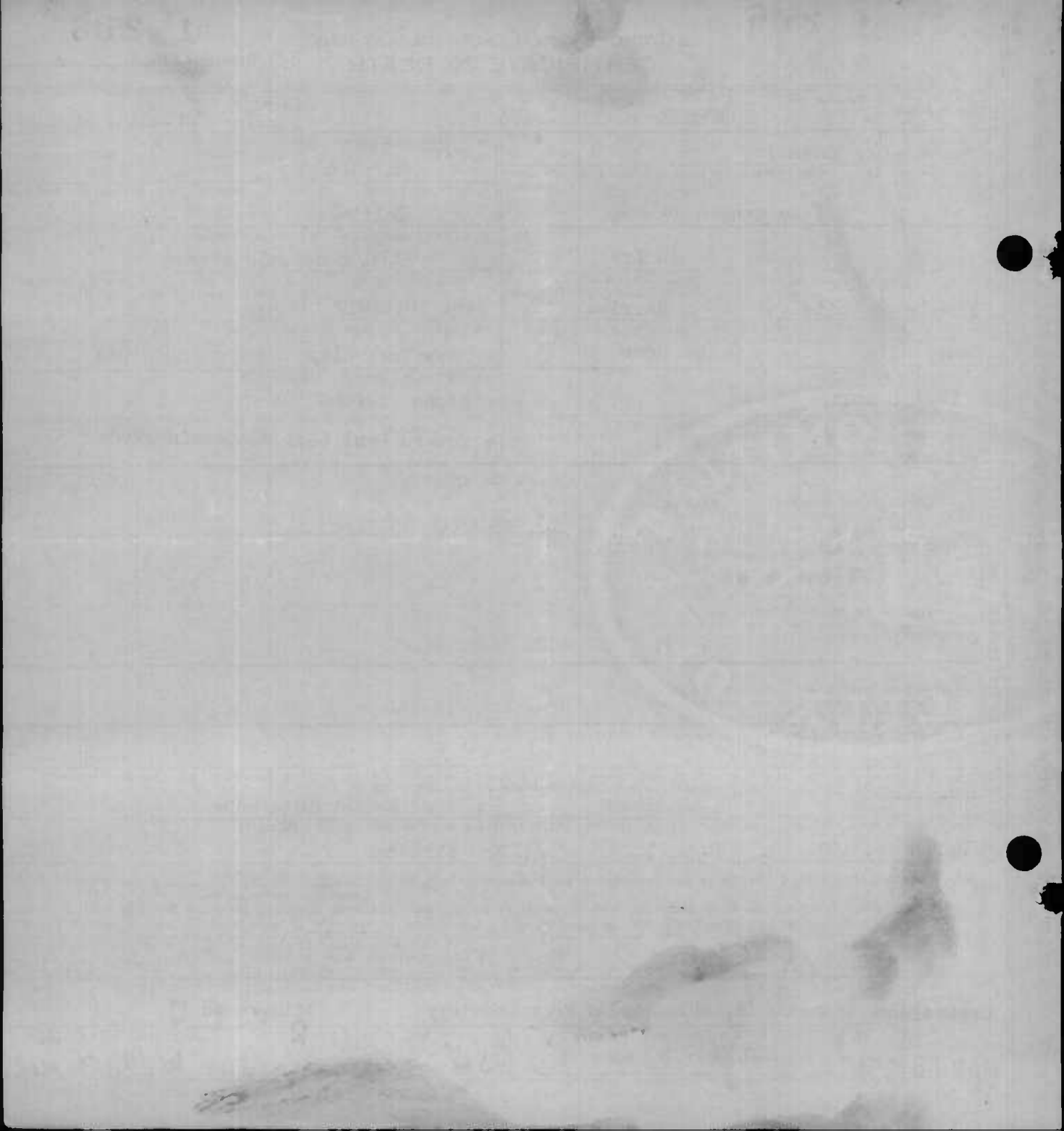
Edol L. L. L. / Bus. W North ave

ADDRESS 1126

VS 151

N-862.4

164C



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Ruth Nora Rosenthal		2. DATE OF DEATH March 17, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore Md		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Baltimore B. COUNTY md	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 3925 Carlisle Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto 15-09	
c. Length of stay in Baltimore 37		D. STREET ADDRESS (If rural, give location) 3925 Carlisle Ave	
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Aug 8, 1913
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		9. AGE (In years last birthday) 37	
10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Baltimore	
13. FATHER'S NAME Gedalia Friedman		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		14. MOTHER'S MAIDEN NAME Tobie Friedman	
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	

18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Breast (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION Aug 11, 1949		19B. MAJOR FINDINGS OF OPERATION Ca 9 left breast		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 1951 , to March 17, 1951 , that I last saw the deceased alive on March 17, 1951 , and that death occurred at 11:30 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Dr. B. J. Jones		23B. ADDRESS 2404 Eutan Place		23C. DATE SIGNED March 17, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-18-51		24C. NAME OF CEMETERY OR CREMATORY Rosedale	
24D. LOCATION (City, town, or county) (State) Balto Md					
DATE RECEIVED BY LOCAL REGISTRAR MAR 18 1951		REGISTRAR'S SIGNATURE William H. Williams		25. FUNERAL DIRECTOR Jack Reiter	
				ADDRESS 2108 Eutan Rd	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

7-132 51 2518

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2518
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs Leah Kovitz

2. DATE
OF
DEATH

3-17-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDDED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years last birthday)

If Under 1 Year Months: Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 491X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Bronchopneumonia

INTERVAL BETWEEN ONSET AND DEATH

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Cerebral arteriosclerosis
old right sided hemiplegia

years
5 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3-14, 1948, to 3-17, 1951, that I last saw the deceased alive on 3-17, 1951, and that death occurred at 6 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Jerome J. Blumberg

M. D.

Levindale Home

3-17-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3-18-51

Rosedale

Balto Md

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 18 1951

William H. ...

Jack Lewis ...

2022

12-11-21

Mr. David V. Smith

Executive

20

10

10

10

10

10

10

10

10

10

10

10

10

10

10

10

10

10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3-650

51 2519

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2519

Registered No. _____

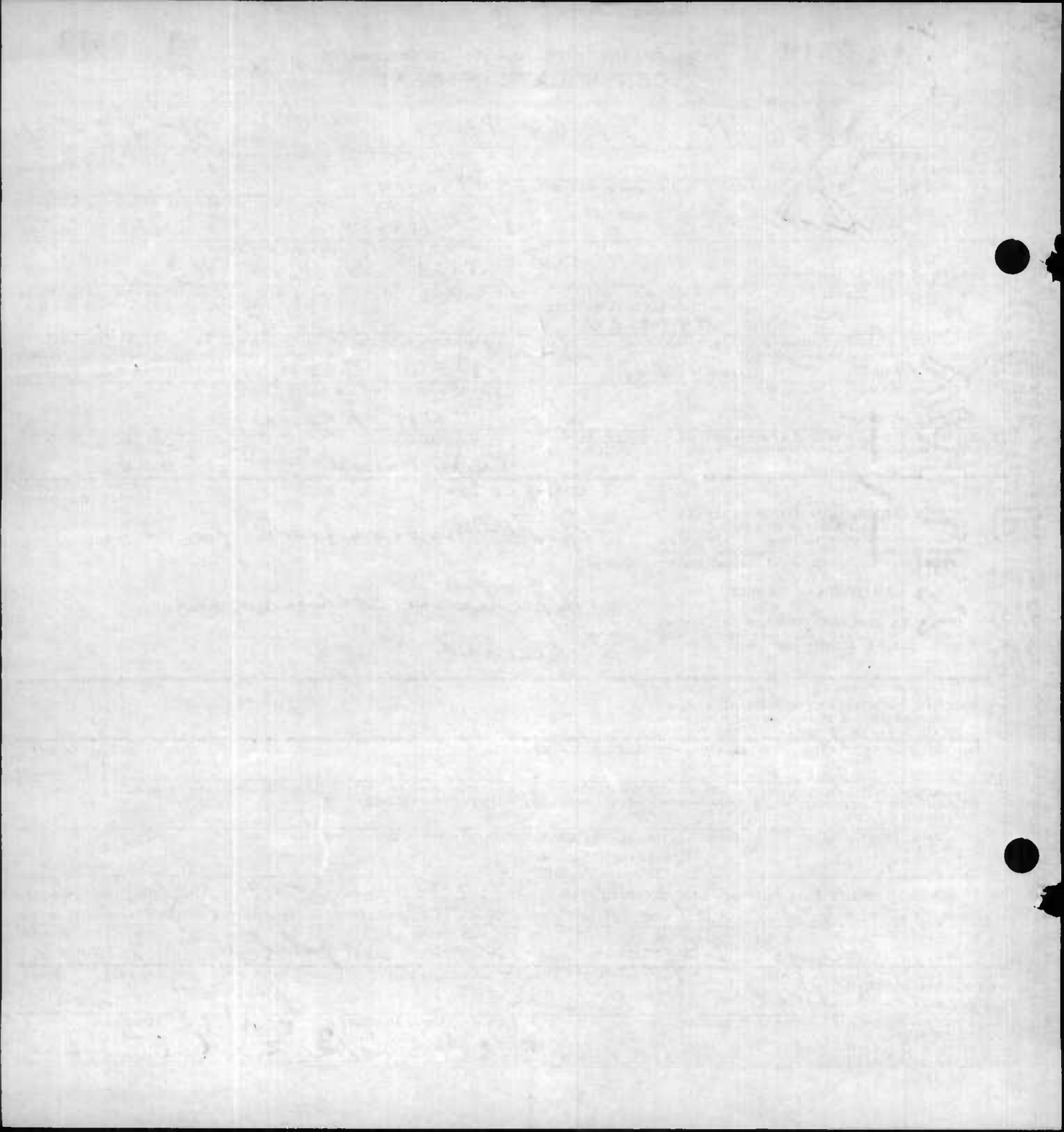
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) JOSEPH BROWN		2. DATE OF DEATH 3-17-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION Swai		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTO. 15-11	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 3303 DORITHAN RD	
5. SEX M	6. COLOR OR RACE W white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MERCHANT		10B. KIND OF BUSINESS OR INDUSTRY Home Equip Co.	9. AGE (In years last birthday) 55 If Under 1 Year: Months: Days: Hours: Min.
13. FATHER'S NAME Samuel		11. BIRTHPLACE (State or foreign country) NEW YORK	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME NOT KNOWN	
17. INFORMANT Edith Brown		ADDRESS SAME	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Acute myocardial infarction DUE TO (B) Hypertensive cardiovascular disease DUE TO (C) disease	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-17-51 19 51 to 3-17 19 51 , that I last saw the deceased alive on 3-17 19 51 , and that death occurred at 7:30 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Henry C. Steiner		23B. ADDRESS Swai Hospital		23C. DATE SIGNED 3-17-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Swai		24B. DATE 3-18-51		24C. NAME OF CEMETERY OR CREMATORY Rosedale	
24D. LOCATION (City, town, or county) Balto Md		24E. FUNERAL DIRECTOR William H. Williams		24F. ADDRESS 5100 Canton Pl	

DATE RECEIVED BY LOCAL REGISTRAR **MAR 18 1951** VS 150
REGISTRAR'S SIGNATURE **William H. Williams**
2966H 093d



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2520

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2520

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John D. Stinchcomb

2. DATE
OF
DEATH

Mar 16, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

N. Surg. Hall?

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

BALTO

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

33

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

EDGEWATER A.A. CO. MD

D. STREET ADDRESS (If rural, give location)

53-00

c. Length of stay in Baltimore

34 yrs

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

3-1-04

9. AGE (In years last birthday)

47

If Under 1 Year

Months

Days

If Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Self employed

10B. KIND OF BUSINESS OR INDUSTRY

Owner Buscuit Station

11. BIRTHPLACE (State or foreign country)

BALTO

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Jefferson Stinchcomb

14. MOTHER'S MAIDEN NAME

Katharine Schramm

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

no

17. INFORMANT

JOHNS HOPKINS HOSPITAL ADDRESS

MEDICAL CERTIFICATION

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Extension of metastatic Brain tumor

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

3 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Primary Carcinoma probably

DUE TO

(C)

from in lung.

?

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Had post operative wound infection

3 wks

19A. DATE OF OPERATION

11/19/51

19B. MAJOR FINDINGS OF OPERATION

Metastatic carcinoma probably from lung

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1-18-1951, to 3-16-1951, that I last saw the deceased alive on 3-16-1951, and that death occurred at 9:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

George G. Culbreth

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3/17/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

March 19, 1951

24C. NAME OF CEMETERY OR CREMATORY

Bedford Hills

24D. LOCATION (City, town, or county)

A.A.C.

(State)

MD

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William M. Williams

25. FUNERAL DIRECTOR

Ed. Leonard

ADDRESS

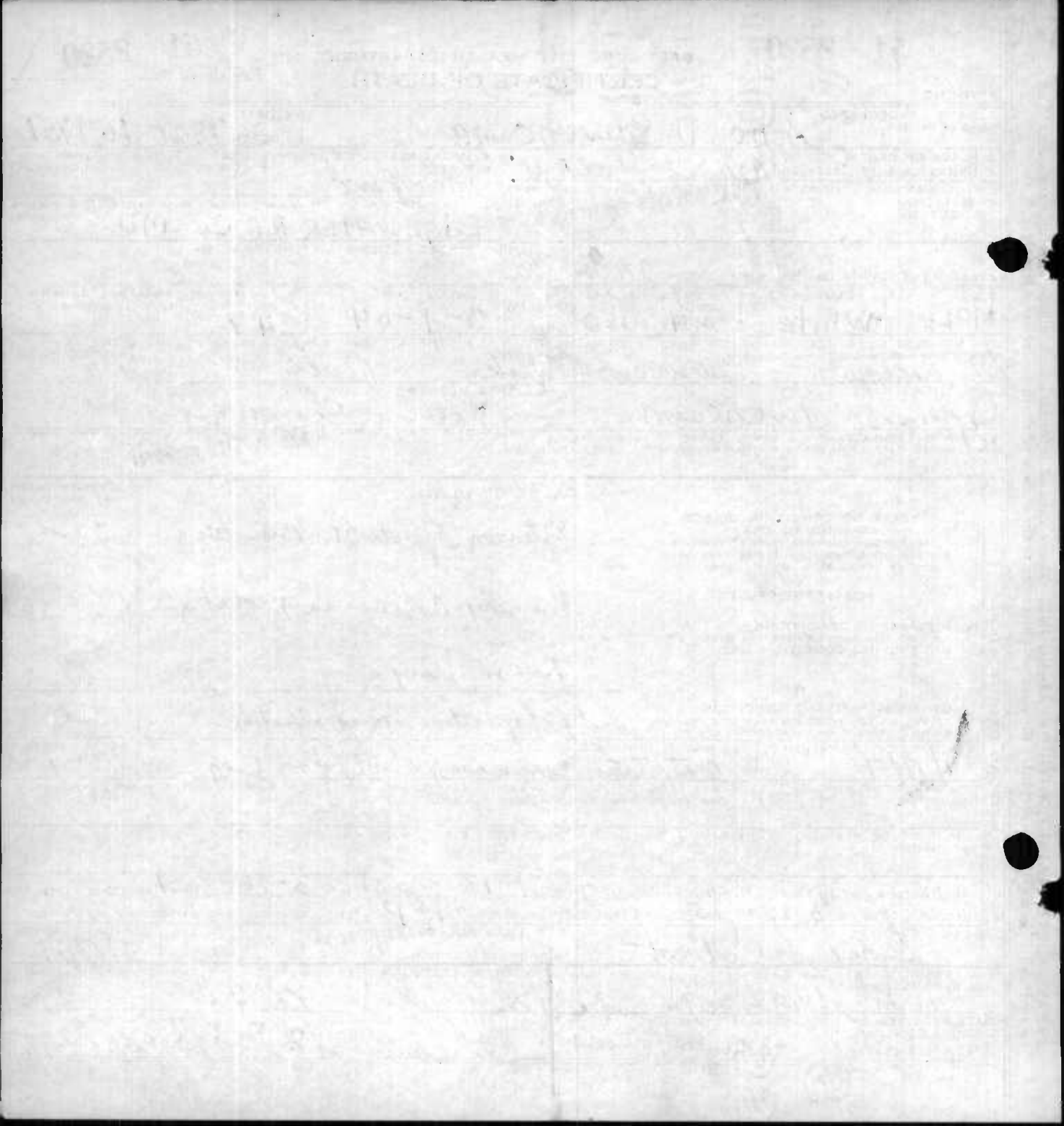
1400 S. B. hwy

MAR 18 1951

VS 150

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0472



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. _____	
BIRTH NO. _____				2. DATE OF DEATH <u>Mar. 15, 1957</u>	
1. NAME OF DECEASED (Type or Print) <u>Joseph Lurek</u>					
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>MD</u> B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>JOHNS HOPKINS HOSPITAL</u> <u>53</u>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore 7-03</u>	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____				D. STREET ADDRESS (If rural, give location) <u>936 7. Bradford St</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov. 5, 1897</u>		9. AGE (In years, months, days) <u>53</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Painter</u>			10B. KIND OF BUSINESS OR INDUSTRY <u>Self</u>		11. BIRTHPLACE (State or foreign country) <u>MD</u>
13. FATHER'S NAME <u>Frank Lurek</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>YES</u> <u>WORLD WAR I</u>			16. SOCIAL SECURITY NO. _____		
17. INFORMANT <u>JOHNS HOPKINS HOSPITAL</u>			ADDRESS _____		
18. <u>230X1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Subarachnoid hemorrhage</u> DUE TO (A) _____				INTERVAL BETWEEN ONSET AND DEATH <u>12 hr.</u>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Hypertension</u> DUE TO (B) _____					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>3/15</u> 19 <u>57</u> , to <u>3/15</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>3/15</u> , 19 <u>57</u> , and that death occurred at <u>1020</u> <u>hr.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>A. E. W. Cles</u>		M. D.		23B. ADDRESS <u>JOHNS HOPKINS HOSPITAL</u>	
23C. DATE SIGNED					
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24B. DATE <u>3-19-57</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Baltimore National Cemetery</u>	
24D. LOCATION (City, town, or county) (State) <u>2nd</u>					
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 18 1957</u>		REGISTRAR'S SIGNATURE <u>Wilmington Williams, M.D.</u>		25. FUNERAL DIRECTOR <u>Frank Grach Son 900 N. Chester</u>	
ADDRESS					

564 24

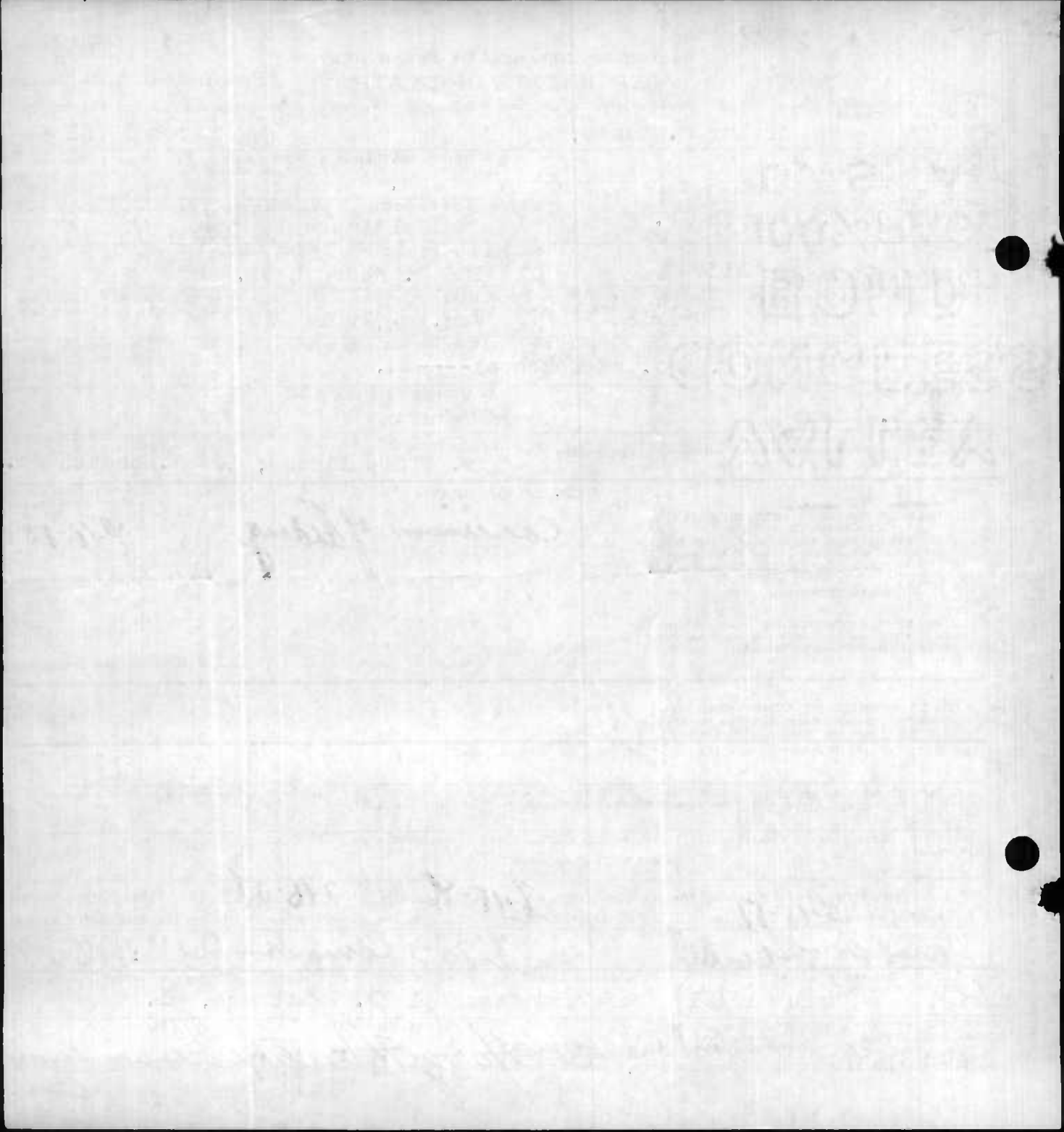
083a

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT				Registered No.	
CERTIFICATE OF DEATH					
BIRTH NO.					
1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
Arthur C. Adams,			March 16/51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
B. FULL NAME OF HOSPITAL OR INSTITUTION 106 N. Kossuth St.			A. STATE Md.		
C. Length of stay in Baltimore Life			B. COUNTY		
5. SEX Male			C. CITY OR TOWN Baltimore		
6. COLOR OR RACE White			D. STREET ADDRESS (If rural, give location) 106 N. Kossuth St.		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married			8. DATE OF BIRTH Jan. 22, 1901		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk			9. AGE (in years last birthday) 50		
10B. KIND OF BUSINESS OR INDUSTRY B. & O. Storekeeper			11. BIRTHPLACE (State or foreign country) Md.		
13. FATHER'S NAME Harry C. Adams			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			14. MOTHER'S MAIDEN NAME Unknown		
16. SOCIAL SECURITY NO.			17. INFORMANT Mrs. Elsie Adams, 106 N. Kossuth St.		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 180X CAUSE OF DEATH Carcinoma of Aiding INTERVAL BETWEEN ONSET AND DEATH 9-11-50					
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		
21E. INJURY OCCURRED WHILE AT WORK OR NOT WHILE AT WORK			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from 7-15-46, 19, to 3-16-51, 19, that I last saw the deceased alive on 3-15-51, 19, and that death occurred at m., from the causes and on the date stated above.					
23A. SIGNATURE Harry S. Lumbel			23B. ADDRESS 2703 Edmondson Ave		
23C. DATE SIGNED 3-16-51					
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE March 19/51		
24C. NAME OF CEMETERY OR CREMATORY Moreland Memorial Pk. Baltimore, Md.			24D. LOCATION (City, town, or county) (State)		
DATE RECEIVED BY LOCAL REGISTRAR MAR 18 1951			REGISTRAR'S SIGNATURE Harry S. Lumbel		
VS 150			25. FUNERAL DIRECTOR Harry S. Lumbel		
			ADDRESS 4401 Edmondson Ave		

39050

052a



PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

8-120

51 2523

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2523

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

John P. Sipes

2. DATE
OF
DEATH

March 18, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

mbg 3 med.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Attorney

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

J. Roland Sipes

15. WAS DECEASED EVER IN U. S. ARMED FORCES?

(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

8. DATE OF BIRTH

1-27-57

9. AGE (In years
last birthday)

94

If Under 1 Year
Months Days Hours Min.

11. BIRTHPLACE (State or foreign country)

Larrisville Pa.

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Lalina Pittman

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 002X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

PULMONARY TUBERCULOSIS

INTERVAL BETWEEN
ONSET AND DEATH

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 3-9-1951, to 3-18-1951, that I last saw the
deceased alive on 3-18-1951, and that death occurred at 8:35 a. m. from the causes and on the date stated above.

23A. SIGNATURE

Mayo F. Elliott

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

Mar. 18, 1951

24A. BURIAL, CREM-
ATION, REMOVAL (Specify)

24B. DATE

3/21/51

24C. NAME OF CEMETERY OR CREMATORY

Union Cemetery

24D. LOCATION (City, town, or county)

Pa

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, Md

25. FUNERAL DIRECTOR

H. J. Lander & Son Inc.

ADDRESS

Baltimore Md
013 b George F. Lander

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V-325

51 2524

Dean Russell Watson

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2524

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) DEAN WATSON RUSSELL			2. DATE OF DEATH 3-18-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY Baltimore		
5. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Sq. Hosp.			C. CITY OR TOWN Fallston (If outside corporate limits, write RURAL and give township) 62-88		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location)		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M	B. DATE OF BIRTH 12-12-1913	9. AGE (In years last birthday) 37	10. Under 1 Year Months Days Hours Min. 3 6 1
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor		10B. KIND OF BUSINESS OR INDUSTRY House building	11. BIRTHPLACE (State or foreign country) North Carolina		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Isaiah Watson			14. MOTHER'S MAIDEN NAME Margaret Blackburn		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT (Wife) Helen Watson ADDRESS Fallston		
18. 190X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Malignant Melanoma DUE TO (B) Metastases Brain & Liver DUE TO (C) _____ INTERVAL BETWEEN ONSET AND DEATH 8 mon.			II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION Dec 1950		19B. MAJOR FINDINGS OF OPERATION Brain Metastases Malignant melanoma		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 3-14 , 1951, to 3-18 , 1951, that I last saw the deceased alive on 3-18 , 1951, and that death occurred at 6 A m., from the causes and on the date stated above.					
23A. SIGNATURE Dr. Bohoric		23B. ADDRESS Franklin Sq Hosp		23C. DATE SIGNED 3-18-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/21/51	24C. NAME OF CEMETERY OR CREMATORY Cross Roads Baptist	24D. LOCATION (City, town, or county) (State) Upper Cross Roads Harford Co		
DATE RECEIVED BY LOCAL REGISTRAR MAR 18 1951	REGISTRAR'S SIGNATURE Wm. H. Williams	25. FUNERAL DIRECTOR Charles C. Garrett		ADDRESS Garrettsville	

VS 150

29024

047d

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D. C. 20535

MEMORANDUM

TO : DIRECTOR, FBI (100-441100)

FROM : SAC, NEW YORK (100-100000)

SUBJECT: [Illegible]

RE: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

10. [Illegible]

11. [Illegible]

12. [Illegible]

13. [Illegible]

14. [Illegible]

15. [Illegible]

16. [Illegible]

17. [Illegible]

18. [Illegible]

19. [Illegible]

20. [Illegible]

21. [Illegible]

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23. [Illegible]

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96. [Illegible]

97. [Illegible]

98. [Illegible]

99. [Illegible]

100. [Illegible]

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. _____	
BIRTH NO. _____			51 2525		
1. NAME OF DECEASED (Type or Print) MARY MADALINE A. LAZZARO			2. DATE OF DEATH MAR 16 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND. B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION 2015 ANNAPOLIS ROAD.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 25-33		
c. Length of stay in Baltimore 47 YRS			D. STREET ADDRESS (If rural, give location) 2015 ANNAPOLIS ROAD		
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	B. DATE OF BIRTH OCT 5 1875		9. AGE (In years last birthday) 75
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED SEAMSTRESS			10B. KIND OF BUSINESS OR INDUSTRY LEBOW BROS INC.		11. BIRTHPLACE (State or foreign country) ITALY
13. FATHER'S NAME FRANK AMATORE			12. CITIZEN OF WHAT COUNTRY? NO		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO			16. SOCIAL SECURITY NO. 220-01-3373		
17. INFORMANT CATHERINE			ADDRESS AGIRO 205 ANNAPOLIS RD.		
18. 332X1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Thrombosis DUE TO Generalized Atherosclerosis DUE TO Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH 1 week 1 year		
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23A. SIGNATURE Paul Schumfeld		M. D.		23B. ADDRESS 2501 Annapolis Rd	
23C. DATE SIGNED 3/7/51					
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE MAR 20 1951		24C. NAME OF CEMETERY OR CREMATORY HOLY REDEEMER CEM.	
24D. LOCATION (City, town, county) (State) 4430 BELAIR ROAD MD.		25. FUNERAL DIRECTOR Dipper Bros. 2800 E LOMBARD ST.			
DATE RECEIVED BY LOCAL REGISTRAR MAR 19 1951		REGISTRAR'S SIGNATURE W. H. Williams, M.D.		ADDRESS VS 150	

83B

2301 ANNAPOLIS RD
DR SCHONFELD

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

254

51 2526

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2526

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Martha E. O'Connell

2. DATE
OF
DEATH

March 15, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

3214 Woodland Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE B. COUNTY before admission)

Md. Balt.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

3214 Woodland Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 25-31

D. STREET ADDRESS (If rural, give location)

5002 Parkton Ave

c. Length of stay in Baltimore

about 35 yrs

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

April 25, 1871

9. AGE (In years

last birthday)

79

10 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

St. Marys Co., Md.

12. CITIZEN OF WHAT COUNTRY?

U. S. A

13. FATHER'S NAME

William J. Haurahan

14. MOTHER'S MARYDEN NAME

Anna R. Fowler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

Robert E. O'Connell 3720 Reservoir

18. *331X I*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

DUE TO

Cerebral Hemorrhage

INTERVAL BETWEEN ONSET AND DEATH

3-5-51

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *March 5, 1951*, to *March 15, 1951*, that I last saw the deceased *live on March 15, 1951*, and that death occurred at *5:45 A.M.*, from the causes and on the date stated above.

23A. SIGNATURE

John D. Beubert

23B. ADDRESS

4803 Park Heights Ave Md 17, 1951

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

March 19, 1951

24C. NAME OF CEMETERY OR CREMATORY

Cathedral Cemetery

24D. LOCATION (City, town, or county)

Baltimore Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, Md.

25. FUNERAL DIRECTOR

ADDRESS

2505 Spring Byers 500.5 Ph. 74100

MAR 19 1951

VS 150

83a

OFFICE OF THE

U.S. V.
BOOK NO.
AND
COMPLETES
VALLEY

1911-1912
1913-1914
1915-1916
1917-1918
1919-1920
1921-1922
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2097-2098
2099-2100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-550

51 2527

CERTIFICATE CORRECTED

3-28-51

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 2527

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANK J SCHUMAN

2. DATE
OF
DEATH

MAR 16, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTIMORE CITY

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

SOUTH BALTIMORE GEN. HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE CITY 23-0

D. STREET ADDRESS (If rural, give location)
134 FORT AVE, BALTO 30

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

4/22/1880

9. AGE (in years last birthday)

65

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Geo Schuman

14. MOTHER'S MAIDEN NAME

Unknown Rebecca A. Langley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO

216-05-3996

17. INFORMANT

Mr. Owen D Schuman 1425 S. Charles

18. 334X

CAUSE OF DEATH

Cerebral Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ~~Acute Polio myelitis~~

DOE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Generalized Arteriosclerosis

DOE TO

Patchy Diffuse Atelectasis Bilateral
Chronic massive congestive lung

over

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Contracted Kidneys

~~Arterio-sclerotic Ht. Disease~~

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3-12, 1951, to 3-16, 1951, that I last saw the deceased alive on 3-16, 1951, and that death occurred at 7:43 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Dr. C. Corvino

23B. ADDRESS

1213 W. H. T. STREET, S B 6 H

23C. DATE SIGNED

3-16-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

B

24B. DATE

3-19-51

24C. NAME OF CEMETERY OR CREMATORY

Mt Olivet

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Walter J. Williams, M.D.

25. FUNERAL DIRECTOR

James M. Cully 130 E. FORT AVE

ADDRESS

MAR 19 1951

131a

*Had discussion
told Dr. Fall previous action
to Tull said want for
autopsy findings*

See Document File 51-2527

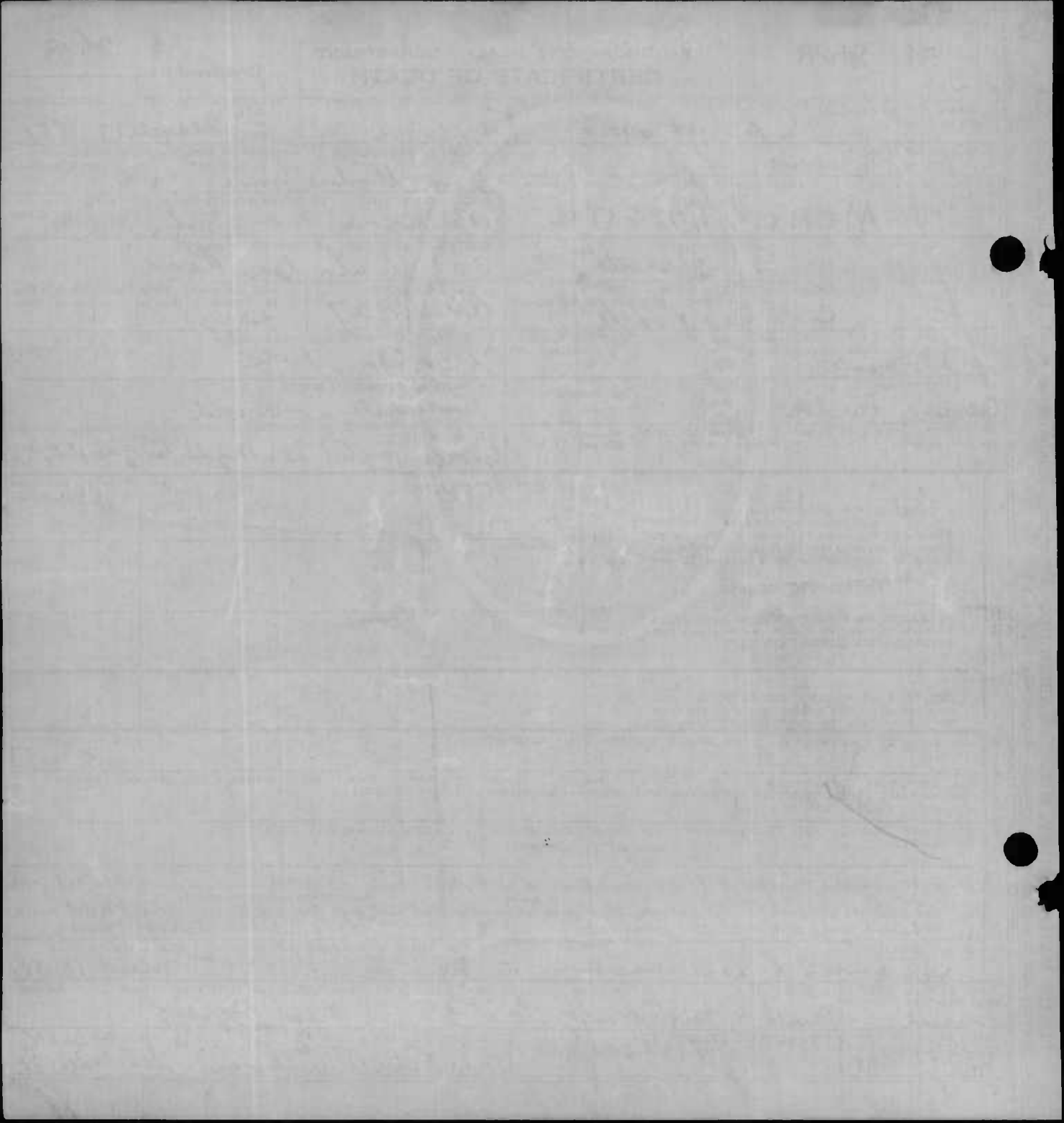
Amendment to Certification by
Supt., South Baltimore General Hospital

6/13/51

TS

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT				Registered No.	
CERTIFICATE OF DEATH					
BIRTH NO.					
1. NAME OF DECEASED (Type or Print)		CATHERINE TAYLOR		2. DATE OF DEATH March 17, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY Good Shepherd Home N.J.			
5. FULL NAME OF HOSPITAL OR INSTITUTION MERCY HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore, Md. Jersey City			
6. Length of stay in Baltimore 2 months		D. STREET ADDRESS (If rural, give location) 301 N. 6 Alveston Road			
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct 4, 1927	9. AGE (in years last birthday) 23 yrs	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Jersey City, N.J.	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME George Taylor		14. MOTHER'S MAIDEN NAME Evangeline Byrd	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT George Taylor	
18. 092X		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		Virus hepatitis			
ANTECEDENT CAUSES		(A) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) DUE TO			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C)			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley A. Omulach		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED March 18, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE March 19, 1951		24C. NAME OF CEMETERY OR CREMATORY Jersey City	
24D. LOCATION (City, town, or county) (State) New Jersey		24E. FUNERAL DIRECTOR Mrs. Kate A. Williams		24F. ADDRESS 322 N. Schroeder St.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 19 1951		REGISTRAR'S SIGNATURE [Signature]		25. ADDRESS 322 N. Schroeder St.	



13-258
The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2529 BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2529
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH

BUCHANAN

2. DATE OF DEATH
March 12, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

South Baltimore General Hospital

c. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

24-03

D. STREET ADDRESS (if rural, give location)

8. DATE OF BIRTH

9. AGE (In years last birthday)
57

It Under 1 Year
Months Days
It Under 24 Hours
Hours Min.

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 4/20.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Generalized arteriosclerosis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Coronary sclerosis

(C) Myocardial fibrosis

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT ☐ WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William W. Smith

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED
March 13, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

3/19/51

24C. NAME OF CEMETERY OR CREMATORY

Haley Cross

24D. LOCATION (City, town, or county)

Rochester Highway

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

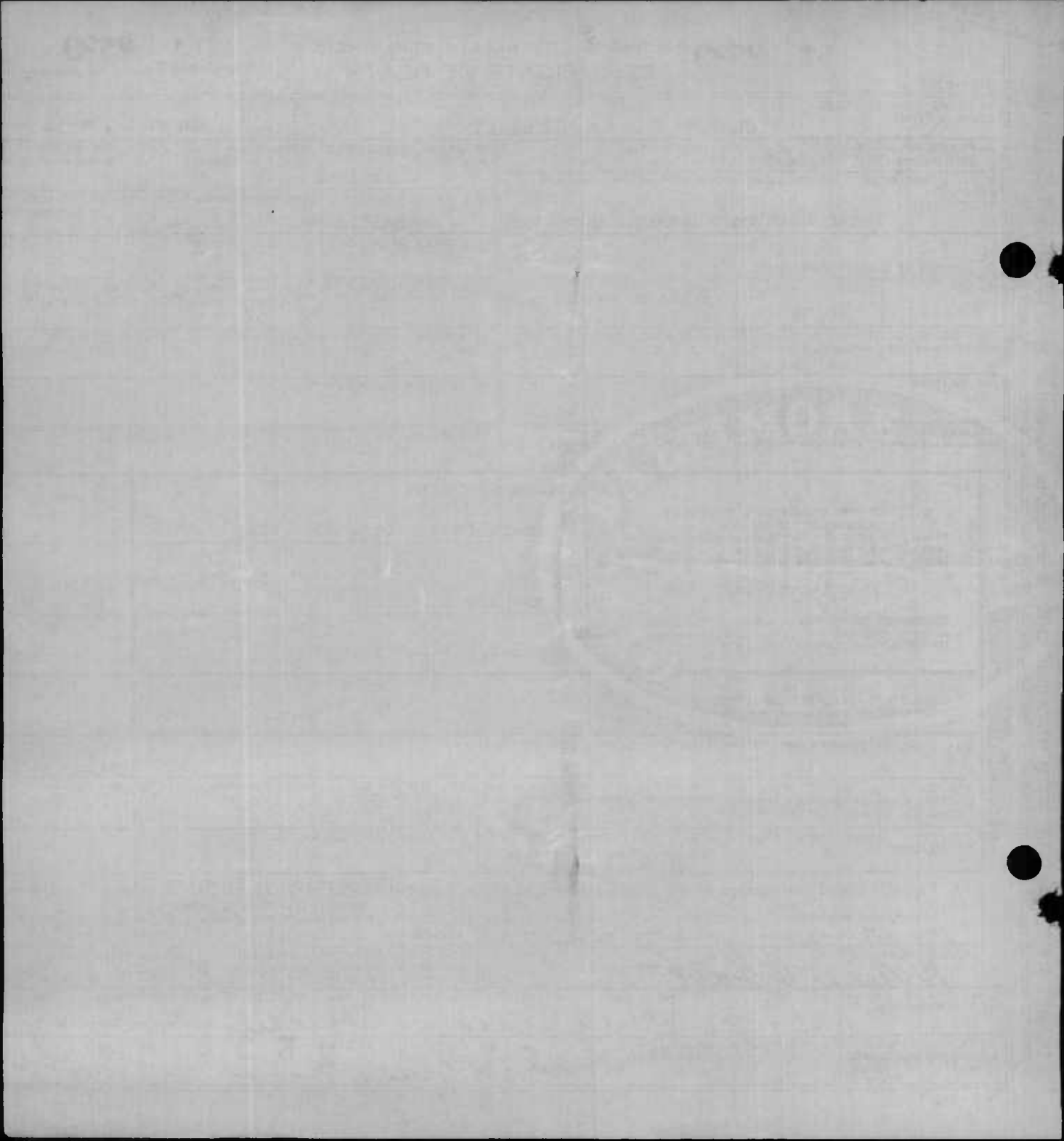
William W. Smith

25. FUNERAL DIRECTOR

J. J. Talley & Sons 1318 Light

V S 151

937 ✓



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JONES				51 2530		BALTIMORE CITY HEALTH DEPARTMENT		51 2530	
BIRTH NO.				CERTIFICATE OF DEATH				Registered No.	
1. NAME OF DECEASED (Type or Print) <u>John Jones</u>				2. DATE OF DEATH <u>3-16-51</u>					
3. PLACE OF DEATH: A. Baltimore City, Maryland <u>South Balt. Gen. Hosp.</u>				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>BALT. MARYLAND</u> B. COUNTY					
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>South Balt. General Hosp.</u>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BALT. MD. 25-52</u>					
D. STREET ADDRESS (If rural, give location) <u>MORRELL PARK, CASSADELA AVE</u>				E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days					
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>S</u>		8. DATE OF BIRTH <u>April 18, 1897</u>		9. AGE (In years last birthday) <u>53</u> If Under 1 Year Months: Days If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>?</u>				10B. KIND OF BUSINESS OR INDUSTRY <u>?</u>		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>John W. Jones</u>				14. MOTHER'S MAIDEN NAME <u>Evelyn Edmonds</u>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT		ADDRESS			
18. <u>163X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <u>Intraabdominal Malignant New Growth of Pulmonary Metastasis</u> DUE TO ANTECEDENT CAUSES <u>Secondary Anemia, Severe</u> DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>?</u> OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>II</u>				CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)					
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>Feb. 14, 1951</u> , to <u>March 16, 1951</u> , that I last saw the deceased alive on <u>March 15, 1951</u> , and that death occurred at <u>7:30 A.M.</u> , from the causes and on the date stated above.									
23A. SIGNATURE <u>Mamuel P. DeBora</u>		23B. ADDRESS <u>South Balt. Gen. Hosp.</u>		23C. DATE SIGNED <u>3/16/51</u>					
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <u>3/21/51</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Landon Park</u>		24D. LOCATION (City, town, or county) (State) <u>Inderside Ave</u>			
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 19 1951</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Williams, M.D.</u>		25. FUNERAL DIRECTOR <u>J. J. 252</u>		ADDRESS <u>1318 Light</u>			

Can't determine if
the lung malignancy was
metastasis to or from lung.

Was there indication
in decedent's clinical record
of the probable primary site
of malignancy?

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2531

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2531

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Leila Gertrude Rau

2. DATE
OF
DEATH

3-18-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

Baltimore

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Dundalk

D. STREET ADDRESS (If rural, give location)

2610 Liberty Parkway

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

U. S. Marine Hospital, Baltimore, Md.

Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

May 29, 1906

9. AGE (in years last birthday)

44

11 Under 1 Year Months: Days Hours: Min.

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

US

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

housewife

13. FATHER'S NAME

David Sullivan

14. MOTHER'S MAIDEN NAME

Rosie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

unk

17. INFORMANT

ADDRESS

hospital admission record

18. 201X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pneumonia, hemorrhagic, bilateral

few days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hodgkins disease with severe bone marrow hypoplasia

unknown

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Feb. 23, 1951, to Mar. 18, 1951, that I last saw the deceased alive on Mar. 18, 1951, and that death occurred at 1:25 p.m., from the causes and on the date stated above.

23A. SIGNATURE E. DuBois Dent, Jr.

23B. ADDRESS

23C. DATE SIGNED

U. S. Marine Hospital, Balt.

3-18-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Removal

3/20/51

Shunandook Va

Urbant Funeral Home Dundalk

44B

MAR 19 1951

VS 150

Shenandoah Va.

51 2532

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2532

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDNA SHAW

2. DATE
OF
DEATH

March 16, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore Middle River

D. STREET ADDRESS (If rural, give location)

1100 Cord Street

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 28, 1899

9. AGE (In years
last birthday)

51

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Clerk-stores

10B. KIND OF BUSINESS OR
INDUSTRY

B. & O. R. R. C.,

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Clarence E. Tracy

14. MOTHER'S MAIDEN NAME

Susie Burgess

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Daniel A. Shaw 1100 Cord St--20

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Myocardial insufficiency
DUE TO Hypertensive Cardiovascular Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. S. Fisher

23B. CHIEF MEDICAL EXAMINER..... ☒ASSISTANT MEDICAL EXAMINER..... ☐MEDICAL INVESTIGATOR..... ☐

23C. DATE SIGNED

March 16, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Mar/ 20, 1951

Western

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Ulrich Funeral Home 2008 Orleans St.,

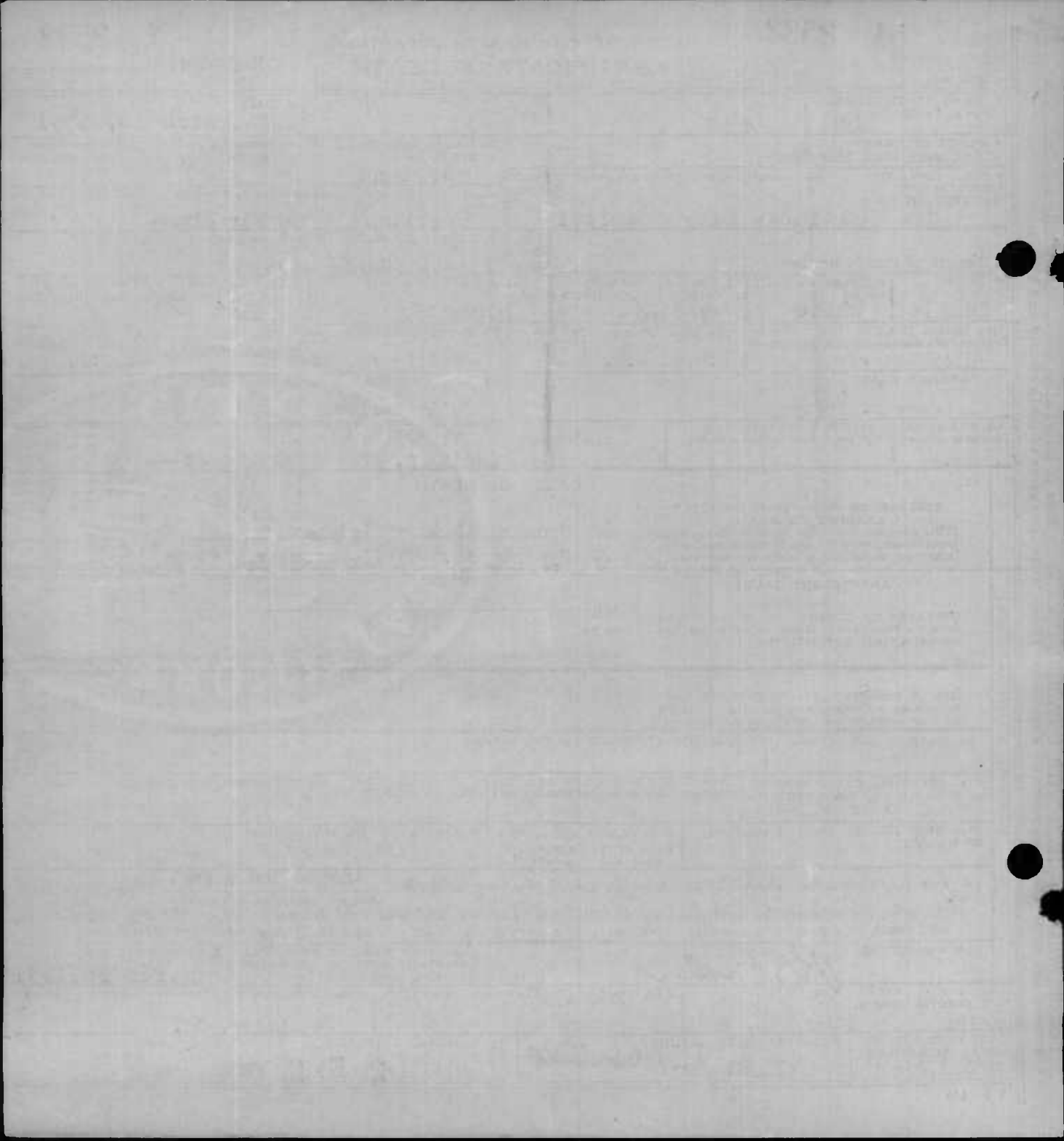
VS 151

39050

937

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MEDICAL CERTIFICATION



5-350

51 2533

51 2533

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Louis R. Stamm		2. DATE OF DEATH March 15, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 4506 Fresh Ave		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____	
B. FULL NAME OF HOSPITAL OR INSTITUTION Colonial Nursing Home		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 1720 N. Collington Ave.,	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH May 28, 1876
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY U.S. F. & G. Co.,	
13. FATHER'S NAME Robert Stamm,		14. MOTHER'S MAIDEN NAME Elizabeth	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____	
17. INFORMANT John S. Stamm		ADDRESS 1720 N. Collington Ave.,	

18. 490X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Labor Pneumonia DUE TO Demoplegia		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/11, 1951 , to 3/14, 1951 , that I last saw the deceased alive on 3/14, 1951 , and that death occurred at 8:12 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE [Signature]		23B. ADDRESS 1123 S. O'Connell St.		23C. DATE SIGNED 3/15/51	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Mar. 19, 1951		24C. NAME OF CEMETERY OR CREMATORY Baltimore		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 19 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR Ulrich Funeral Home		ADDRESS 2008 Orleans St.,	

MEDICAL CERTIFICATION

575

THE ADVERTISER

1875

THE ADVERTISER
PUBLISHED WEEKLY
BY J. H. BROWN
AT THE PRESS OF J. H. BROWN
NO. 10 N. 3RD ST. ST. LOUIS, MO.
Subscription price, \$5.00 per annum in advance.
Single copies, 10 cents.
Entered as Second-Class Matter, May 1, 1879.
Postage paid at St. Louis, Mo., May 1, 1879.
Acceptance for mailing at special rate of postage provided for in Act of October 3, 1917.
Authorized Agent, J. H. Brown, St. Louis, Mo.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

200

51 2534
50-24730

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2534
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		PATRICIA REESE		March 17, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 22-01			
D. STREET ADDRESS (if rural, give location) 717 Hanover Street		5. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days			
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Nov, 14, 1950	9. AGE (In years last birthday) 4	10. UNDER 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Balto.		12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME Carlie Reese		14. MOTHER'S MAIDEN NAME Rachel Eady			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Bess Lee Reese 717 Hanover St		
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Interstitia pneumonia (A) DUE TO otitis media, acute, bilateral ANTECEDENT CAUSES (B) DUE TO (C) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. H. H. H.		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED March 17, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-19-51		24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary	
24D. LOCATION (City, town, or county) (State) a. a. c. o. md		25. FUNERAL DIRECTOR James A. Hayes 114 E			
DATE RECEIVED BY LOCAL REGISTRAR MAR 19 1951		REGISTRAR'S SIGNATURE Huntington Williams			

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1-560

51 2535

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2535
Registered No.

BIRTH NO.			
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
HARRY B. HAMMER		March 17, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
ST. JOSEPH'S Hosp.		Balto 12-02	
D. STREET ADDRESS (If rural, give location)		321 E. 30th St.	
c. Length of stay in Baltimore		Yrs. Mos. Days	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
M	W	Single	3/9/1910
9. AGE (In years last birthday)		10. UNDER 1 Year Months; Days	11. UNDER 24 Hours Hours; Min.
41			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
Salesman		Baltimore - INDUSTRY	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
John Hammer		Virtie G. Parks	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
No			
17. INFORMANT		ADDRESS	
E. S. Hammer		3113 St. Paul St	
18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) I INTRACEREBRAL HEMORRHAGE (A) DUE TO PULMONARY EMBOLI (B) DUE TO THROMBUS IN RT. FEMORAL VEIN (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
STREET		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK	
March 3, 1951 6P. M.		[X] []	
21F. HOW DID INJURY OCCUR?		22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [], accident [X], suicide [], homicide [], undetermined [].	
21F. HOW DID INJURY OCCUR?		PEDESTRIAN STRUCK BY HIT + RUN auto.	
23A. SIGNATURE		23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER MEDICAL INVESTIGATOR	
Stanley H. Dumlacher M.D.		[] [X] []	
23C. DATE SIGNED		24A. BURIAL, CREMATION, REMOVAL (Specify)	
Mar 18, 1951		Burial	
24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
3/20/51		Morrisland Park	
24D. LOCATION (City, town, or county) (State)		24E. FUNERAL DIRECTOR	
Parkville Md		John B. R. 315 217 St. Paul St	
DATE RECEIVED BY LOCAL REGISTRAR		25. ADDRESS	
MAR 19 1951		4903D	
VS 151		170c	

MEDICAL CERTIFICATION

M-460

51 2536

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2536

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED

(Type or Print)

CATHERINE MARGUERITE (RITA) MILLER

2. DATE
OF
DEATH

March 17 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

33 W. North Ave

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Dress Making

10B. KIND OF BUSINESS OR INDUSTRY

Own

13. FATHER'S NAME

Joseph R. Miller

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

217-03-4133

17. INFORMANT

ADDRESS

Mabel Miller 8006 Hannis Ave

18. 410 X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Rheumatic Heart Disease 10 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B)

Mitral stenosis 10 yrs

DUE TO

(C)

Cardiac decompensation 6 mo.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

22. I hereby certify that attended the deceased from October 1950 to March 17 1951, that I last saw the deceased alive on March 17 1951, and that death occurred at 6:30 pm., from the causes and on the date stated above.

23A. SIGNATURE

J. Edwin Muller

M. D.

23B. ADDRESS

2 W. Reed ST

23C. DATE SIGNED

Mar 17 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/20/51

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 19 1951

REGISTRAR'S SIGNATURE

J. Edwin Muller

25. FUNERAL DIRECTOR

Wm. Bokor 1817 St. Paul St.

ADDRESS

1817 St. Paul St.

VS 150

633FD

92B

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

N-100

51 2537

51 2537

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES L. WEBB

2. DATE
OF
DEATH

3-16-57

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore City MD

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHN BALTO. GEN. HOSPITAL

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, or if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

Retired Clothing Salesman Samuel Kahn

13. FATHER'S NAME

Harry Webb

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Harry Webb 62551 Garrett Ave

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

SUBARACHNOID HEMORRAGE

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

HYPERTENSIVE C-V-DISEASE

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

22. I hereby certify that I attended the deceased from 3-14, 1957, to 3-16, 1957, that I last saw the
deceased alive on 3-16, 1957, and that death occurred at 8:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Dr. C. D. Quinn

M. D.

1213 LIGHT ST S B 64

3-16-57

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Barial

3/18/51

Balto

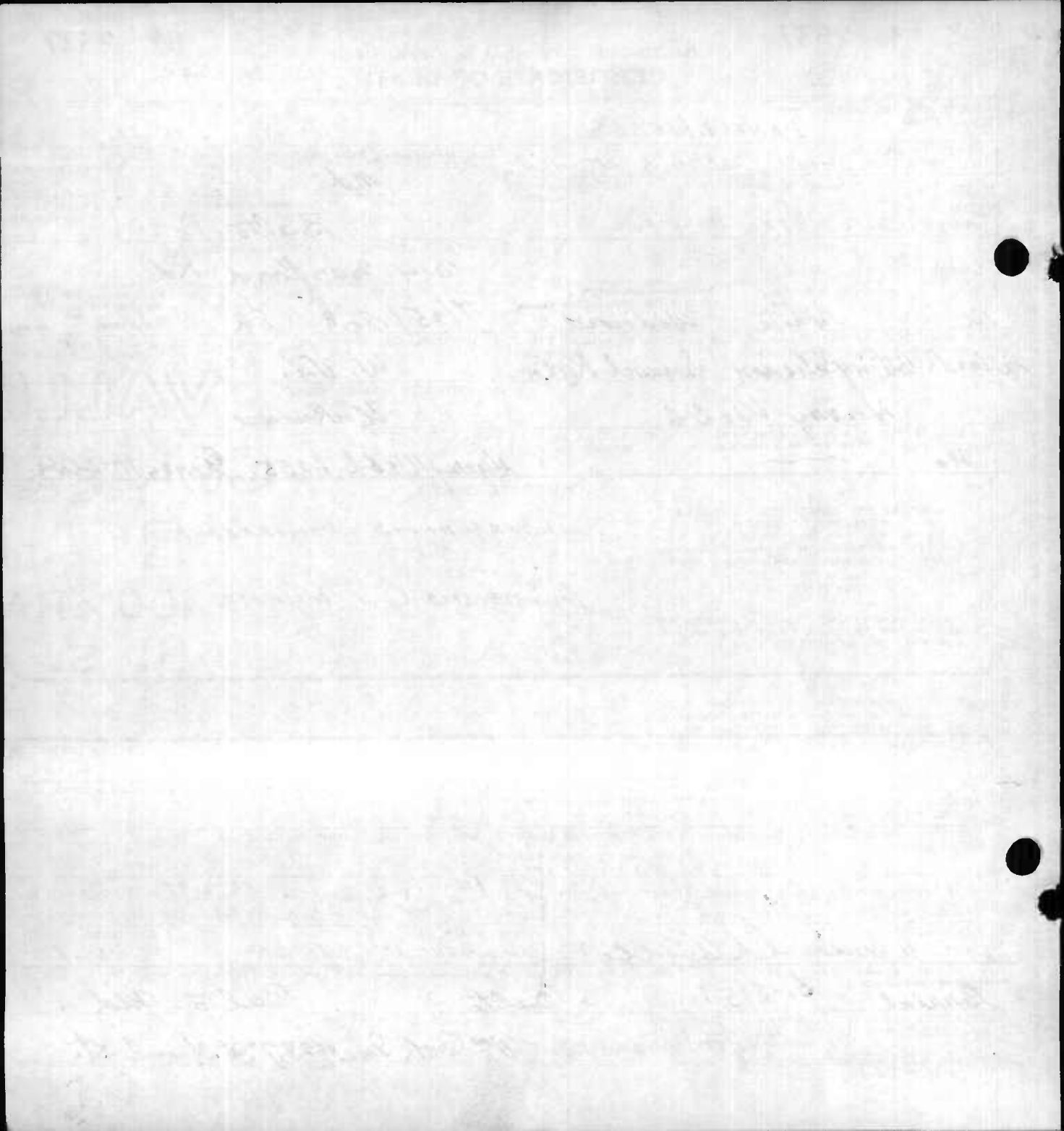
Balto. Md.

VS 150

Washington Williams

Wm Bok Inc. 1237 St. Paul St.

937



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT				Registered No.	
CERTIFICATE OF DEATH					
BIRTH NO. 51 2538				51 2538	
1. NAME OF DECEASED (Type or Print) JOSEPH PINKNER				2. DATE OF DEATH 3-18-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Md B. COUNTY 27-17	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2824 Oakley Ave				C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore	
c. Length of stay in Baltimore 41 Yrs. Mos. Days				D. STREET ADDRESS (If rural, give location) 2824 Oakley Ave	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 7-6	9. AGE (In years last birthday) 76	If Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Baker			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Russia
13. FATHER'S NAME Zales			14. MOTHER'S MAIDEN NAME Malika		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Hetta Pinkner			ADDRESS Baltimore		
18. 420.0 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Pulmonary Edema DUE TO Anterior wall Heart Disease + Congestive Heart Failure ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Diabetes Mellitus II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH 15 minutes 3 years	
19A. DATE OF OPERATION 0				19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 10-12-42 , 19 42 , to 3-18 , 19 51 , that I last saw the deceased alive on 3-17 , 19 51 , and that death occurred at 8:45 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE Leon Robinson		23B. ADDRESS 1201 Foxley Grove St		23C. DATE SIGNED 3-18-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-18-51		24C. NAME OF CEMETERY OR CREMATORY Mt Carmel	
24D. LOCATION (City, town, or county) Balto Md		24E. FUNERAL DIRECTOR 5350 ADDRESS 2100 Eastland Pl			
DATE RECEIVED BY LOCAL REGISTRAR MAR 19 1951		REGISTRAR'S SIGNATURE Huntington Williams, M.D.		25. FUNERAL DIRECTOR 5350 ADDRESS 2100 Eastland Pl	

Low Ashman
1201 Poplar Grove
WV 2283

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians write the causes of death clearly and legibly.

4-431

51 2539

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2539

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JOSEPH GOLDBLATT		2. DATE OF DEATH 2-18-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE MD B. COUNTY 27-18	
B. FULL NAME OF (If not in hospital or institution, give street address or location) 4803 Wilern Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 4+ Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 4803 Wilern Ave	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 56
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tailor		10B. KIND OF BUSINESS OR INDUSTRY Ruth	11. BIRTHPLACE (State or foreign country) Ruth
13. FATHER'S NAME Charles		14. MOTHER'S MAIDEN NAME Hannah	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT Ernie Goldblatt ADDRESS Same
18. 443X1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Degenerative Cardio-vascular Disease with arteriosclerosis and Hypertension ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Constrictive Heart Failure		CAUSE OF DEATH (A) Degenerative Cardio-vascular Disease with arteriosclerosis and Hypertension (B) Constrictive Heart Failure (C) Failure INTERVAL BETWEEN ONSET AND DEATH 2 years	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION none		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH none		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) none	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1949 to 3-18 , 1951 that I last saw the deceased alive on Feb. 26 , 1951, and that death occurred at 7-11 a.m., from the causes and on the date stated above.			
23A. SIGNATURE G. G. Swanson M. D.		23B. ADDRESS 1109 N. Calvert St	
23C. DATE SIGNED 3-18-51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 2-19-51	
24C. NAME OF CEMETERY OR CREMATORY Beth Isaac		24D. LOCATION (City, town, or county) (State) Balto MD	
DATE RECEIVED BY LOCAL REGISTRAR MAR 19 1951		REGISTRAR'S SIGNATURE William H. Williams	
25. FUNERAL DIRECTOR Jack Rivers		ADDRESS 2100 Eastern Pl	

MAR 19 1951

5906E

937

Assmann

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

E-363 51 2540		CERTIFICATE CORRECTED 3-19-51		51 2540	
BALTIMORE CITY HEALTH DEPARTMENT				Registered No.	
CERTIFICATE OF DEATH					
BIRTH NO.					
1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
Earlie Mae Edwards			March 16, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
Med. Cpl 4			Md 14-03		
B. FULL NAME OF HOSPITAL OR INSTITUTION			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
JOHNS HOPKINS HOSPITAL			Baltimore		
c. Length of stay in Baltimore 20 Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location)		
			2029 Brunt St.		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If Under 1 Year Months: Days
Female	Colored	Separated	5-15-14	36-37	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
Housewife		Home	N. C.		U.S.A
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME			
John Tyson		Ellen Ingram			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT	
no				JOHNS HOPKINS HOSPITAL	
18. 592X and E953.7 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH		
(A) SENSITIVITY TO penicillin			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES			(over)		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.					
(B)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			Uremia due to chr. glomerulonephritis		
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY?			YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour)		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?	
OF INJURY		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from 2-9-1951 to 3-16-1951, that I last saw the deceased alive on 3-16-1951, and that death occurred at 2:15 p.m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Victor G. McKisub, M.D.		JOHNS HOPKINS HOSPITAL		3-17-51	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE	24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Burial	3/22/51	Reede cemetery		Lafayette, N.C.	
DATE RECEIVED	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR		ADDRESS	
MAR 19 1951	Wm. H. Williams, M.D.	Wm. L. Chatman		1701 M. & G. Ave. Balto. Md.	

What was the cause for
which the penicillin
was administered?

See Document File 51-2540

4/3/51

ES

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

160		51 2541		BALTIMORE CITY HEALTH DEPARTMENT		51 2541	
BIRTH NO.				CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print) GEORGE F. SHEFFER				2. DATE OF DEATH 3/16/51			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 3603 Parkdale Ave.				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto 13-08			
c. Length of stay in Baltimore				D. STREET ADDRESS (If rural, give location) 3603 Parkdale Ave.			
5. SEX male		6. COLOR OR RACE white		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Sept 28, 1886	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Vulcanizer		10B. KIND OF BUSINESS OR INDUSTRY Auto Tires		9. AGE (In years last birthday) 64		11. BIRTHPLACE (State or foreign country) Pa	
13. FATHER'S NAME Jacob Sheffer				12. CITIZEN OF WHAT COUNTRY?			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO. 216-10-1801		17. INFORMANT ADDRESS Margaret L. Sheffer 3603 Parkdale Ave			
18. 163X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of lung DUE TO INTERVAL BETWEEN ONSET AND DEATH 6 Months							
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)							
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.							
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Oct 15, 1950 to MARCH 16, 1951 , that I last saw the deceased alive on MARCH 16, 1951 , and that death occurred at 1245 p.m. , from the causes and on the date stated above.							
23A. SIGNATURE Arthur J. Daines		23B. ADDRESS 800 W 33rd St		23C. DATE SIGNED 4-17-51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/19/51		24C. NAME OF CEMETERY OR CREMATORY Baltimore		24D. LOCATION (City, town, or county) (State) North 3rd	
DATE RECEIVED BY LOCAL REGISTRAR MAR 19 1951		REGISTRAR'S SIGNATURE Wilmington Williams, Md		25. FUNERAL DIRECTOR Paul Cohenowicz		ADDRESS 3615-12 Chestnut Ave	
VS 150				69040 477			

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PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JL 146831

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

Vladimir Bolard

2. DATE
OF
DEATH

3-17-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)
Baltimore City Hospitals
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

503 Belnord Ave. -5

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 19, 1995

9. AGE (In years
last birthday)

55

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Sheet Metal Worker

10B. KIND OF BUSINESS OR

INDUSTRY

H.H. Robertson Co.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Rudolph Bolard

BLDG. MAINT.

14. MOTHER'S MAIDEN NAME

Mary Svitak

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.
211-01-3100

17. INFORMANT

ADDRESS

B. C. H. Records, 4940 Eastern Ave.

18.

331X1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cardio-Vascular Accident Hemorrhage

xxx into the Ventracles

INTERVAL BETWEEN
ONSET AND DEATH

12 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Hypertension - cause unknown

2 yrs.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3-16-51, 19 51, to March 17, 19 51 that I last saw the deceased alive on Mar. 17, 19 51 and that death occurred at 3.45 AM, from the causes and on the date stated above.

23A. SIGNATURE

C. S. Rogers M. D.

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

3-17-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Mar. 20, 1951

24C. NAME OF CEMETERY OR CREMATORY

Oak Hill Cemetery

24D. LOCATION (City, town, or county)

Horner's Lane, Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

MAR 19 1951

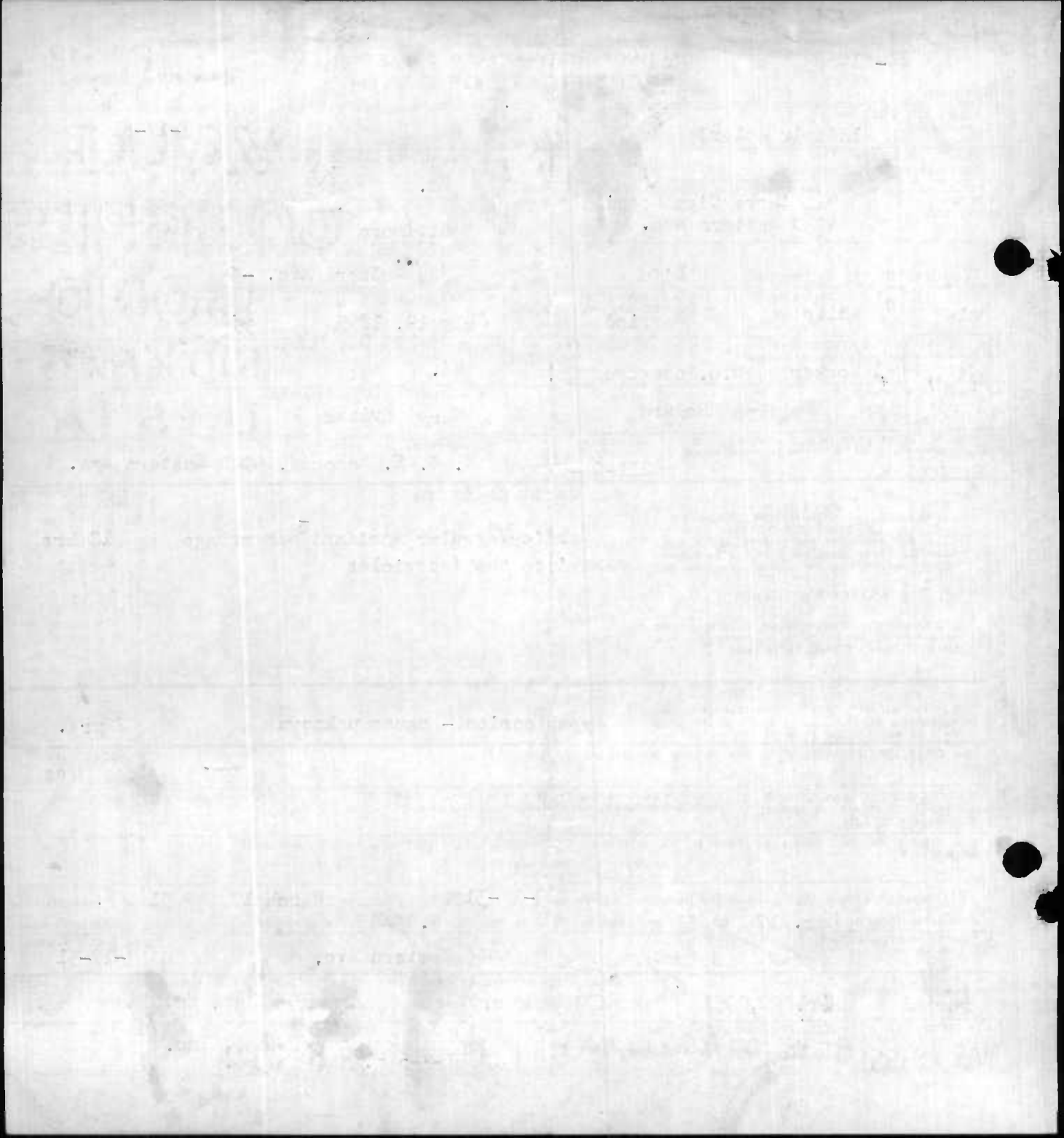
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Schimunek Funeral Home, Inc.

ADDRESS

2601-3-51 E. 2 Madison St.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

BIRTH NO.		BALTIMORE CITY HEALTH DEPARTMENT		51 2543	
1. NAME OF DECEASED (Type or Print)		PATTIE MORTON		2. DATE OF DEATH March 16, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 7-05		D. STREET ADDRESS (If rural, give location) 506 N. Chapel Street	
5. SEX Female		6. COLOR OR RACE Colored		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	
8. DATE OF BIRTH July 4, 1910		9. AGE (In years last birthday) 40		10. Under 1 Year Months: Days: Hours: Min.	
11. BIRTHPLACE (State or foreign country) Meherrin Va.		12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME Jordan Bullock		14. MOTHER'S MAIDEN NAME Rose Pate			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Grace Taylor	
18. 443X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute pulmonary edema DUE TO hypertensive heart disease ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE B. S. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED March 17, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/20/51		24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cem.	
24D. LOCATION (City, town, or county) (State) A. A. County Md.		25. FUNERAL DIRECTOR Mrs. Robert G. Elliott & Daughter		ADDRESS 1129 N. Caroline St. 93D	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

G-630				GARTHE		51 2544		BALTIMORE CITY HEALTH DEPARTMENT		51 2544		Registered No.	
BIRTH NO.													
1. NAME OF DECEASED (Type or Print) <i>Walter William Garthe Sr.</i>						2. DATE OF DEATH <i>3/14/51</i>							
3. PLACE OF DEATH: A. Baltimore City, Maryland						4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY							
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <i>Union Memorial Hospital</i>						C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore MD 12-2</i>							
D. STREET ADDRESS (If rural, give location) <i>202 Homewood Terrace</i>						E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days							
5. SEX <i>M</i>		6. COLOR OR RACE <i>W</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		8. DATE OF BIRTH <i>July 16, 1882</i>		9. AGE (In years last birthday) <i>68</i>		If Under 1 Year Months: Days		If Under 24 Hours Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Roofing</i>				10B. KIND OF BUSINESS OR INDUSTRY <i>Roofer</i>				11. BIRTHPLACE (State or foreign country) <i>Maryland</i>				12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Wm. Garthe</i>						14. MOTHER'S MAIDEN NAME <i>-</i>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Mr. William Garthe Jr. - 2318 N. Howard St</i>							
18. <i>420.1</i> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <i>CHRONIC DISEASE</i> DUE TO ANTECEDENT CAUSES (B) DUE TO (C) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.												INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.				21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)				21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)					
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY				21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK				21F. HOW DID INJURY OCCUR?					
22. I certify that I took charge of the remains described above, held an <i>Inspection</i> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .													
23A. SIGNATURE <i>P. Lubinski</i>						23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....			23C. DATE SIGNED <i>3/17/51</i>				
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3/20/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Louisa Park</i>				24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>					
DATE RECEIVED BY <i>APR 19 1951</i>		REGISTRAR'S SIGNATURE <i>John William...</i>				25. FUNERAL DIRECTOR <i>Wm. J. Schermer & Sons - Balt</i>				ADDRESS <i>94a W. Md.</i>			
VS 151													

DEPARTMENT OF HEALTH AND HUMAN SERVICES CERTIFICATE OF DEATH

<p>1. NAME OF DECEASED _____</p>		<p>2. SEX _____</p>		<p>3. AGE _____</p>	
<p>4. DATE OF DEATH _____</p>		<p>5. TIME OF DEATH _____</p>		<p>6. PLACE OF DEATH _____</p>	
<p>7. CAUSE OF DEATH _____</p>		<p>8. MANNER OF DEATH _____</p>		<p>9. SIGNATURE OF DECEASED _____</p>	
<p>10. SIGNATURE OF WITNESS _____</p>		<p>11. SIGNATURE OF DECEASED _____</p>		<p>12. SIGNATURE OF WITNESS _____</p>	
<p>13. SIGNATURE OF DECEASED _____</p>		<p>14. SIGNATURE OF WITNESS _____</p>		<p>15. SIGNATURE OF DECEASED _____</p>	
<p>16. SIGNATURE OF WITNESS _____</p>		<p>17. SIGNATURE OF DECEASED _____</p>		<p>18. SIGNATURE OF WITNESS _____</p>	
<p>19. SIGNATURE OF DECEASED _____</p>		<p>20. SIGNATURE OF WITNESS _____</p>		<p>21. SIGNATURE OF DECEASED _____</p>	
<p>22. SIGNATURE OF WITNESS _____</p>		<p>23. SIGNATURE OF DECEASED _____</p>		<p>24. SIGNATURE OF WITNESS _____</p>	
<p>25. SIGNATURE OF DECEASED _____</p>		<p>26. SIGNATURE OF WITNESS _____</p>		<p>27. SIGNATURE OF DECEASED _____</p>	
<p>28. SIGNATURE OF WITNESS _____</p>		<p>29. SIGNATURE OF DECEASED _____</p>		<p>30. SIGNATURE OF WITNESS _____</p>	
<p>31. SIGNATURE OF DECEASED _____</p>		<p>32. SIGNATURE OF WITNESS _____</p>		<p>33. SIGNATURE OF DECEASED _____</p>	
<p>34. SIGNATURE OF WITNESS _____</p>		<p>35. SIGNATURE OF DECEASED _____</p>		<p>36. SIGNATURE OF WITNESS _____</p>	
<p>37. SIGNATURE OF DECEASED _____</p>		<p>38. SIGNATURE OF WITNESS _____</p>		<p>39. SIGNATURE OF DECEASED _____</p>	
<p>40. SIGNATURE OF WITNESS _____</p>		<p>41. SIGNATURE OF DECEASED _____</p>		<p>42. SIGNATURE OF WITNESS _____</p>	
<p>43. SIGNATURE OF DECEASED _____</p>		<p>44. SIGNATURE OF WITNESS _____</p>		<p>45. SIGNATURE OF DECEASED _____</p>	
<p>46. SIGNATURE OF WITNESS _____</p>		<p>47. SIGNATURE OF DECEASED _____</p>		<p>48. SIGNATURE OF WITNESS _____</p>	
<p>49. SIGNATURE OF DECEASED _____</p>		<p>50. SIGNATURE OF WITNESS _____</p>		<p>51. SIGNATURE OF DECEASED _____</p>	
<p>52. SIGNATURE OF WITNESS _____</p>		<p>53. SIGNATURE OF DECEASED _____</p>		<p>54. SIGNATURE OF WITNESS _____</p>	
<p>55. SIGNATURE OF DECEASED _____</p>		<p>56. SIGNATURE OF WITNESS _____</p>		<p>57. SIGNATURE OF DECEASED _____</p>	
<p>58. SIGNATURE OF WITNESS _____</p>		<p>59. SIGNATURE OF DECEASED _____</p>		<p>60. SIGNATURE OF WITNESS _____</p>	
<p>61. SIGNATURE OF DECEASED _____</p>		<p>62. SIGNATURE OF WITNESS _____</p>		<p>63. SIGNATURE OF DECEASED _____</p>	
<p>64. SIGNATURE OF WITNESS _____</p>		<p>65. SIGNATURE OF DECEASED _____</p>		<p>66. SIGNATURE OF WITNESS _____</p>	
<p>67. SIGNATURE OF DECEASED _____</p>		<p>68. SIGNATURE OF WITNESS _____</p>		<p>69. SIGNATURE OF DECEASED _____</p>	
<p>70. SIGNATURE OF WITNESS _____</p>		<p>71. SIGNATURE OF DECEASED _____</p>		<p>72. SIGNATURE OF WITNESS _____</p>	
<p>73. SIGNATURE OF DECEASED _____</p>		<p>74. SIGNATURE OF WITNESS _____</p>		<p>75. SIGNATURE OF DECEASED _____</p>	
<p>76. SIGNATURE OF WITNESS _____</p>		<p>77. SIGNATURE OF DECEASED _____</p>		<p>78. SIGNATURE OF WITNESS _____</p>	
<p>79. SIGNATURE OF DECEASED _____</p>		<p>80. SIGNATURE OF WITNESS _____</p>		<p>81. SIGNATURE OF DECEASED _____</p>	
<p>82. SIGNATURE OF WITNESS _____</p>		<p>83. SIGNATURE OF DECEASED _____</p>		<p>84. SIGNATURE OF WITNESS _____</p>	
<p>85. SIGNATURE OF DECEASED _____</p>		<p>86. SIGNATURE OF WITNESS _____</p>		<p>87. SIGNATURE OF DECEASED _____</p>	
<p>88. SIGNATURE OF WITNESS _____</p>		<p>89. SIGNATURE OF DECEASED _____</p>		<p>90. SIGNATURE OF WITNESS _____</p>	
<p>91. SIGNATURE OF DECEASED _____</p>		<p>92. SIGNATURE OF WITNESS _____</p>		<p>93. SIGNATURE OF DECEASED _____</p>	
<p>94. SIGNATURE OF WITNESS _____</p>		<p>95. SIGNATURE OF DECEASED _____</p>		<p>96. SIGNATURE OF WITNESS _____</p>	
<p>97. SIGNATURE OF DECEASED _____</p>		<p>98. SIGNATURE OF WITNESS _____</p>		<p>99. SIGNATURE OF DECEASED _____</p>	
<p>100. SIGNATURE OF WITNESS _____</p>		<p>101. SIGNATURE OF DECEASED _____</p>		<p>102. SIGNATURE OF WITNESS _____</p>	

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

CERTIFICATE CORRECTED 4-3-51

51 2545

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2545
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Claude Thompson

2. DATE
OF
DEATH

1951
March 15 (1950)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore Md.. 12-07

D. STREET ADDRESS (If rural, give location)

2106 N. Howard St.

c. Length of stay in Baltimore

40 yrs.

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

Dec. 18, 1897

9. AGE (In years
last birthday)

53

11 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Unemployed Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Hanover County Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Abraham Thompson

14. MOTHER'S MAIDEN NAME

Rosa Quarries

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Rosa Thompson

18. 450-0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) ...
DUE TO

Arteriosclerosis (Generalized)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ...
DUE TO

(C) ...

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Chronic Nephritis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from March 1, 1951, to March 14, 1951, that I last saw the deceased alive on March 14, 1951, and that death occurred at 4:15 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

March 19, 50

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cemetery

24D. LOCATION (City, town, or county)

A, A, County Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 19 1951

Wilmington, Delaware

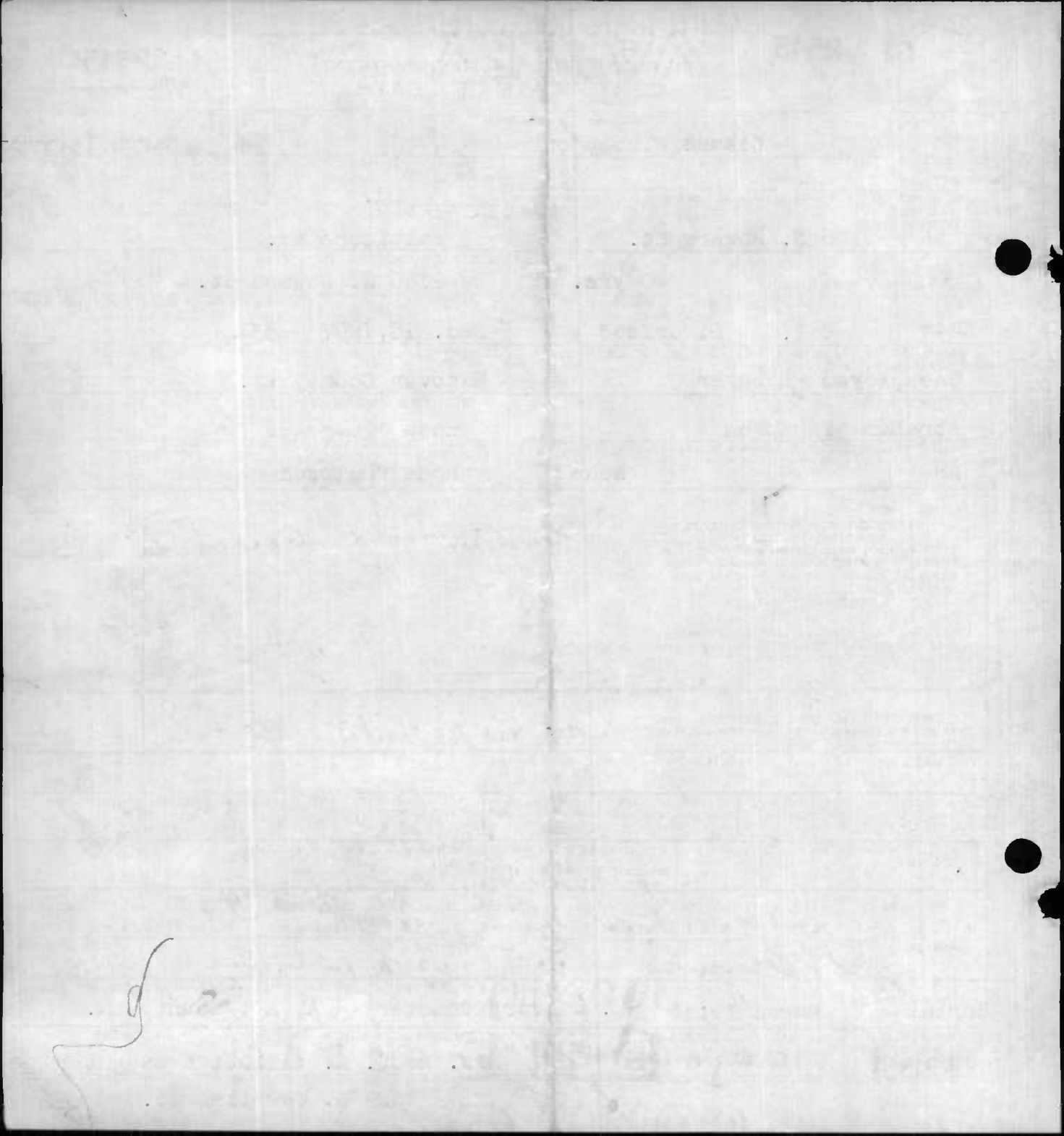
Mrs. Robt. A. Elliott & Daughter

VS 150

97099

1129 N. Caroline St.

131a



51 2546

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2546
Registered No. _____

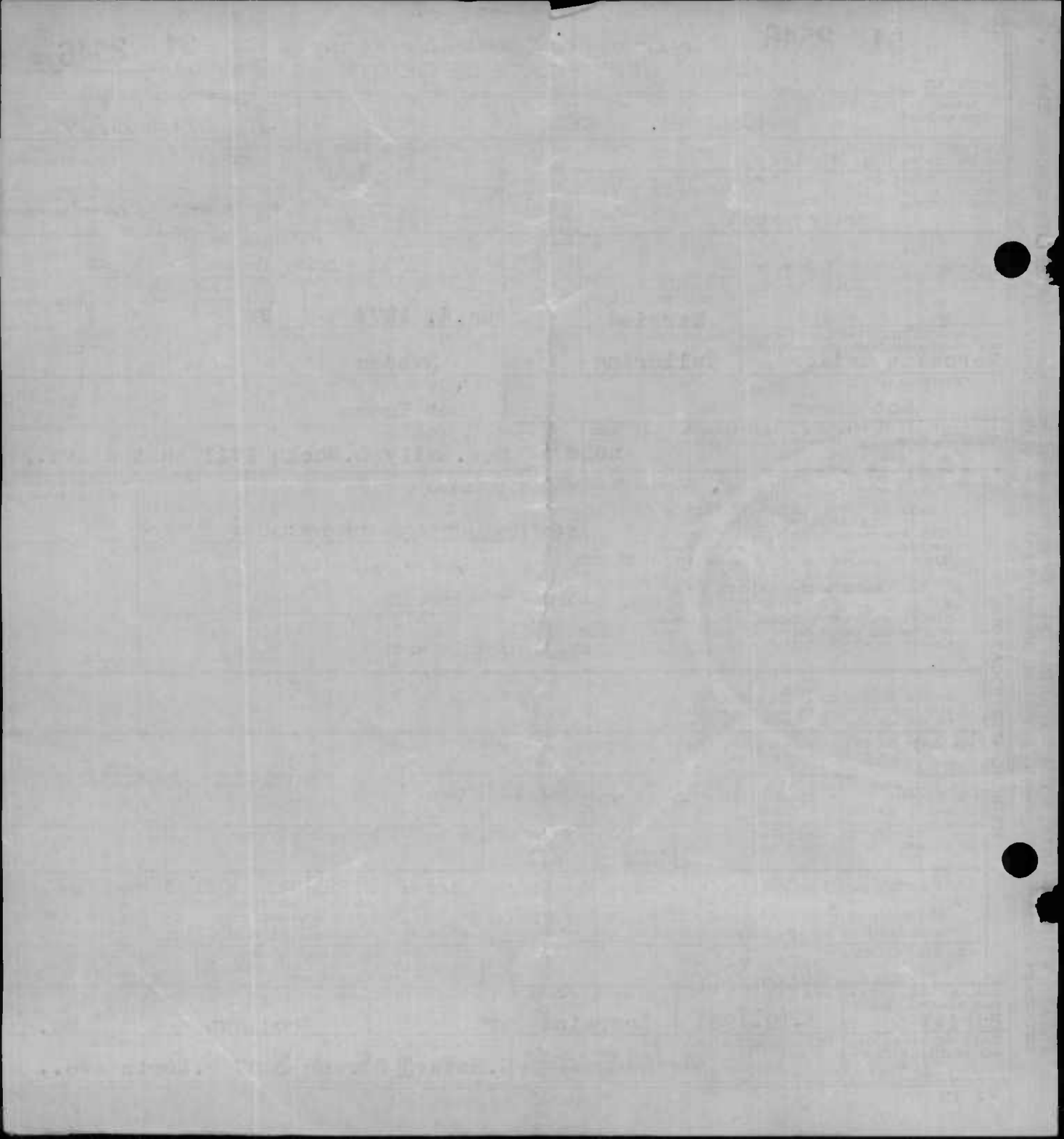
BIRTH NO.		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print)			2. DATE OF DEATH		
CARL H. NOCKE			March 15, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		
B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)			A. STATE Maryland		
INSTITUTION Mercy Hospital			B. COUNTY		
C. Length of stay in Baltimore			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
47-- Yrs. Mos. Days			Baltimore 15-03		
D. STREET ADDRESS (If rural, give location)			1711 Ruxton Avenue		
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday)	10. Under 1 Year Months: Days
Male	White	Married	Aug. 4, 1874	76	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
Merchant Tailor		Tailoring	Sweden		
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME		
Not Known			Not Known		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		
(If yes, give war or dates of service)		None	Mrs. Emily L. Nocke 1711 Ruxton Ave.,		

18.	470.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	CAUSE OF DEATH (A) <u>Arteriosclerotic cardiovascular disease</u> (B) <u>Coronary sclerosis</u> (C) <u>Myocardial infarct</u>	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
II			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Inspection & Inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , <u>accident</u> <input type="checkbox"/> , <u>suicide</u> <input type="checkbox"/> , <u>homicide</u> <input type="checkbox"/> , <u>undetermined</u> <input type="checkbox"/> .			
23A. SIGNATURE <i>William J. Lovett</i>	23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input checked="" type="checkbox"/>		23C. DATE SIGNED <u>March 15, 1951</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE <u>3-19-1951</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Lorraine Park</u>	24D. LOCATION (City, town, or county) (State) <u>Woodlawn Md.</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 19 1951</u>	REGISTRAR'S SIGNATURE <i>For William J. Lovett</i>		25. FUNERAL DIRECTOR ADDRESS <u>G. Howard Strong 3207 W. North Ave.,</u>

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

935 ✓



PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM RAYMOND RICH

2. DATE
OF
DEATH

MAR. 17, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

5304 ST. GEORGES RO.

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
A. STATE
B. COUNTY

MO.

C. CITY OR TOWN

BALTO

(If outside corporate limits, write RURAL and give township)

27-10

D. STREET ADDRESS (If rural, give location)

5304 ST. GEORGES RO.

C. Length of stay in Baltimore

37 Yrs

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

AUG. 19, 1889

9. AGE (In years,
last birthday)

61

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

CHEMIST

10B. KIND OF BUSINESS OR
INDUSTRY

INDUSTRIAL

11. BIRTHPLACE (State or foreign country)

MAINE

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

LEMUEL J. RICH

14. MOTHER'S MAIDEN NAME

MINNIE M. CLARK

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

215-10-3354

17. INFORMANT

WILLIAM E. RICH

ADDRESS

SAME

18. 416 X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)
DUE TO

Pulmonary Infection

4 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)
DUE TO

Rheumatic heart disease

20 years

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK

22. I hereby certify that I attended the deceased from March 1, 1951, to March 17, 1951, that I last saw the deceased alive on March 17, 1951, and that death occurred at p.m., from the causes and on the date stated above.

23A. SIGNATURE

Stephen J. Van Lill III

23B. ADDRESS

M. D. 2843 St Paul St.

23C. DATE SIGNED

March 17-1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

3-20-1951

MORELAND MEMORIAL

BALTO. CO

MO.

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 19 1951

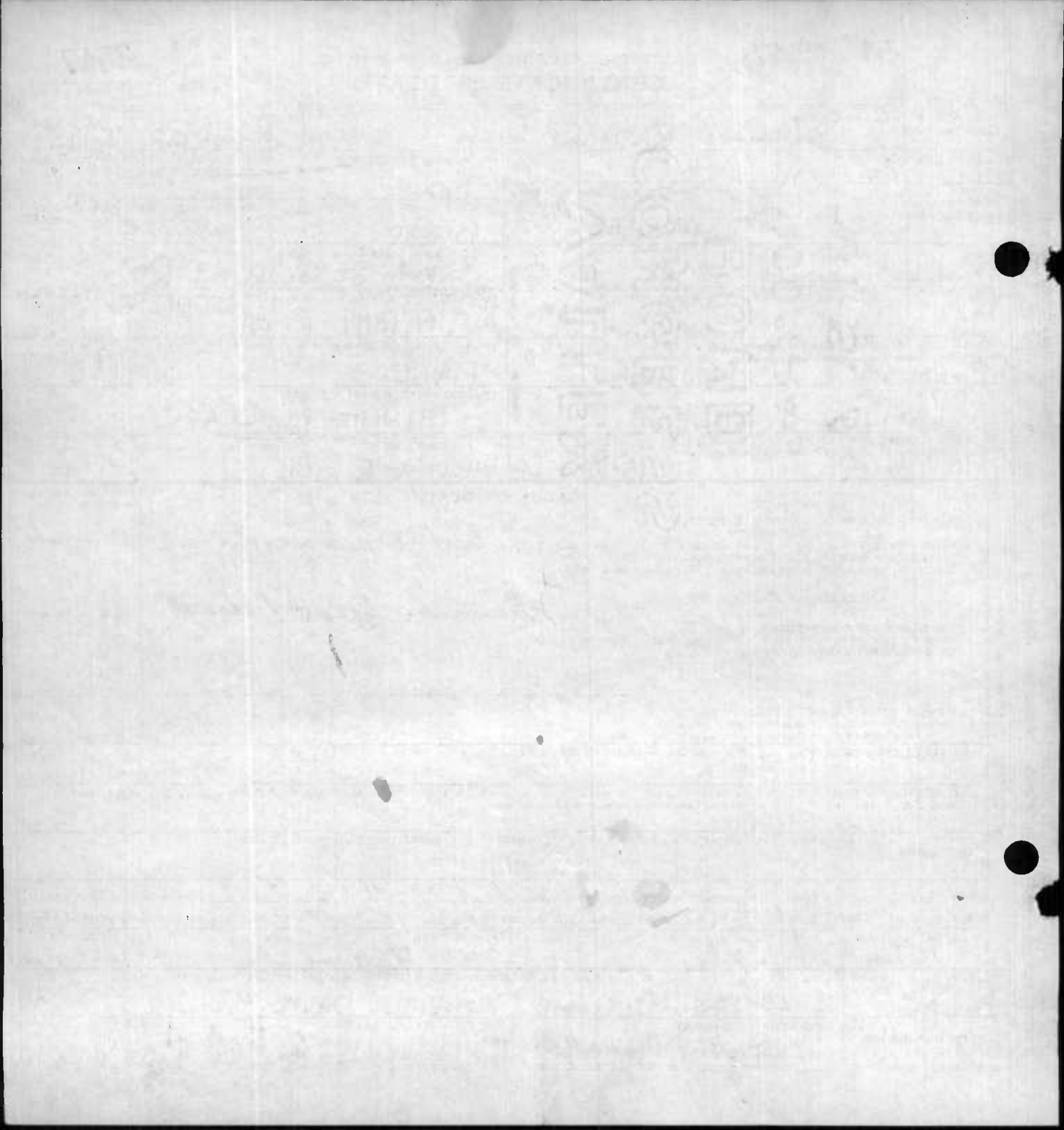
Wilmington, Delaware

H. W. JENKINS & SONS CO. 4905 YORK RD

VS 150

0074R

95B



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

7-400

51 2548

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2548

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CLARENCE EDWARD TILLEY

2. DATE
OF
DEATH

Mar 17 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

5113 Midwood Ave

c. Length of stay in Baltimore

40 Yrs.
Mos.
Days

5. SEX

M.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Sept.

10b. KIND OF BUSINESS OR
INDUSTRY

Chemical

13. FATHER'S NAME

David E Tilley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

Yes

16. SOCIAL
SECURITY NO.

World War 1 216-07-7951

18.

150 X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Carcinoma of esophagus

1 yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

"

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

"

19a. DATE OF OPERATION

May 1950

19b. MAJOR FINDINGS OF OPERATION

Carcinoma of esophagus

20. AUTOPSY?

YES ☐ NO ☒

21a. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from May 1950, to Mar 17, 1951, that I last saw the deceased alive on Feb 28, 1951, and that death occurred at 2 P. M., from the cause and on the date stated above.

23a. SIGNATURE

Samuel Morrison

M. D.

23b. ADDRESS

11 E. Chase St (2)

23c. DATE SIGNED

3/17/51

24a. BURIAL, CREMA-
TION (Specify)

Burial

24b. DATE

Mar 20/51

24c. NAME OF CEMETERY OR CREMATORY

New Cathedral

24d. LOCATION (City, town, or county) (State)

Baeto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 19 1951

REGISTRAR'S SIGNATURE

William H. Williams

25. FUNERAL DIRECTOR

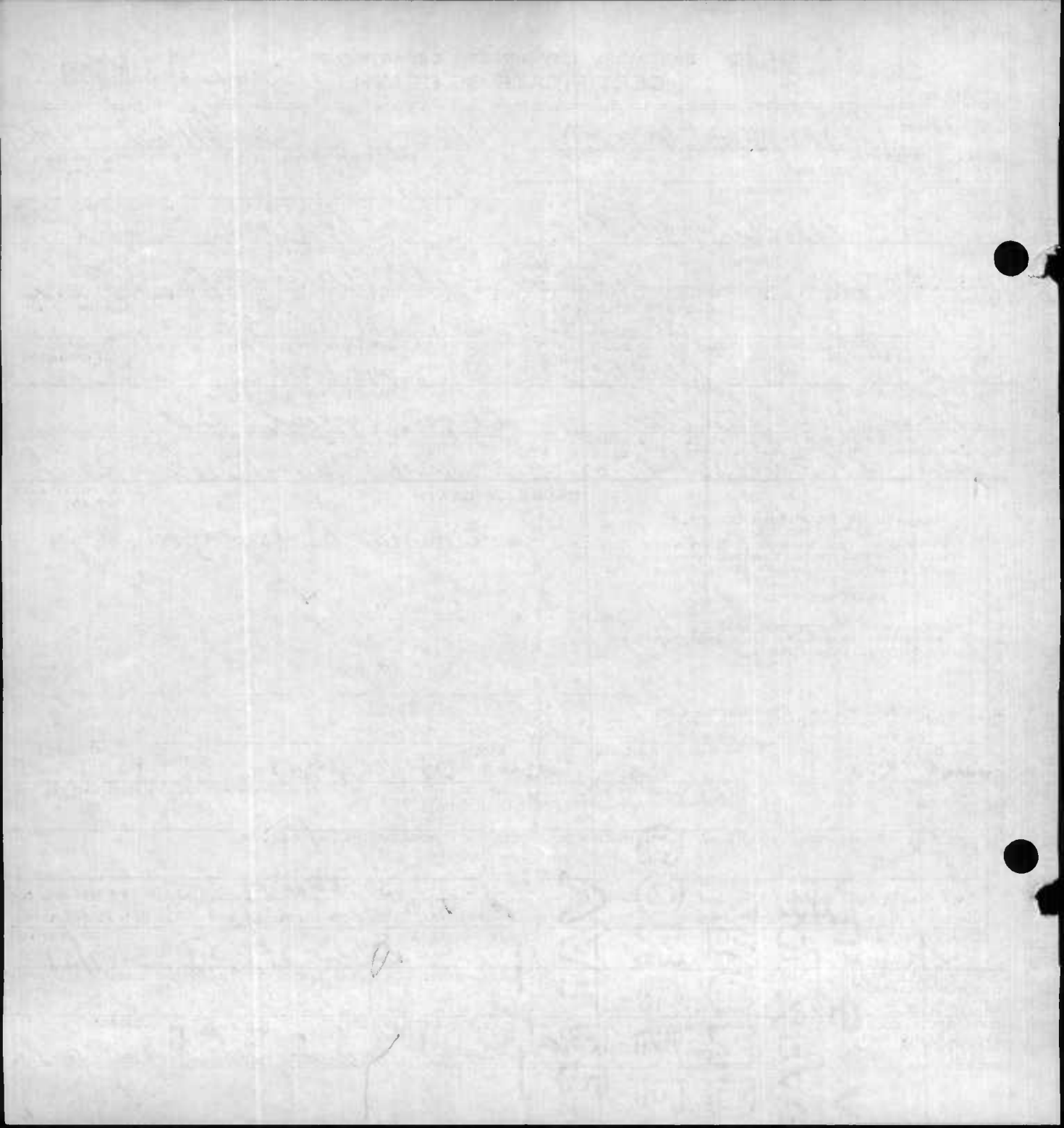
Henry H. Williams 2515 York Rd

ADDRESS

VS 150

290 4R

46a



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELIZABETH C. EHLERS

2. DATE
OF
DEATH

3-17-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MD.

5. FULL NAME OF (If not in hospital or institution, give street address or location)

1013 ARGONNE DRIVE

C. CITY OR TOWN

BALTO.

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1013 ARGONNE DRIVE

6. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

10-31-1896

9. AGE (In years
last birthday)

54

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR INDUSTRY

OWN HOME

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

CHARLES L. CLARKE

14. MOTHER'S MAIDEN NAME

MARY RUTH JEWELL

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

FRED EHLERS JR.

ADDRESS

SAME

18. 153X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Carcinoma of the

(B)

DUE TO

Carcinoma of the sigmoid 1941

(C)

INTERVAL BETWEEN
ONSET AND DEATH

10 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

1944

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of the sigmoid

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 1947, 1947, to March 17, 1951, that I last saw the deceased alive on March 17, 1951, and that death occurred at 1045 m., from the causes and on the date stated above.

23A. SIGNATURE

J. H. & H. H. H. H.

M. D.

23B. ADDRESS

2700 Hobart Rd

23C. DATE SIGNED

March 14 '51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Mar 21/51

24C. NAME OF CEMETERY OR CREMATORY

Western

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. H. Williams

25. FUNERAL DIRECTOR

H. W. JENKINS & SONS Co. 4905 York Rd.

ADDRESS

VS-150

46E

DR. F. J. KINZLEY

2700 HARFORD RD.

10/10/11

10/10/11

10/11 10/11/11

10/11/11

10/11/11

10/11/11

10/11/11

10/11/11

RECEIVED BY THE DIRECTOR
FEDERAL BUREAU OF INVESTIGATION
U. S. DEPARTMENT OF JUSTICE

VALLEY
CONCRETE

BOND

100% PAC

U. S. A.

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2551

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Stephen Young

2. DATE
OF
DEATH

3-15-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

2001 Penn ave

C. Length of stay in Baltimore

50 yrs

5. SEX

Male

6. COLOR OR RACE

Col

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Handy Man

10B. KIND OF BUSINESS OR
INDUSTRY

Hand

13. FATHER'S NAME

Ross Young

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

18. 443X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) Cerebral Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive Heart

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

1 day

6 mos.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK

22. I hereby certify that I attended the deceased from 3-2-1957 to 3-15-1957, that I last saw the deceased alive on 3-15-1957, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

George C. Pege

23B. ADDRESS

M. D.

1816 N. Mount St. (12)

23C. DATE SIGNED

3-17-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-17-51

24C. NAME OF CEMETERY OR CREMATORY

St. Thomas Cem

24D. LOCATION (City, town, or county) (State)

Randalltown Md

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 19 1951

REGISTRAR'S SIGNATURE

George C. Pege

25. FUNERAL DIRECTOR

Rayner Sanders

ADDRESS

1412 E Preston St

129-21-8

UNITED STATES DEPARTMENT OF JUSTICE
FEDERAL BUREAU OF INVESTIGATION

Washington, D.C.

MEMORANDUM FOR THE DIRECTOR

FROM: SAC, NEW YORK

SUBJECT: [Illegible]

RE: [Illegible]

DATE: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

9. [Illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2552

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Edward Basil Harrison			2. DATE OF DEATH March 18, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION U.S. Marine Hospital, Baltimore, Md.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Dundalk		
D. STREET ADDRESS (If rural, give location) 8232 Northview Rd. Dundalk Baltimore, Md.			5200		
5. LENGTH OF STAY IN BALTIMORE 14 Days			8. DATE OF BIRTH Sept. 13, 1895		
6. SEX Male			9. AGE (In years last birthday) 55		
7. COLOR OR RACE white			10. BIRTHPLACE (State or foreign country) PENNSYLVANIA		
11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) TUGBOAT CAPT.			13. FATHER'S NAME Benjamin T. Harrison		
10B. KIND OF BUSINESS OR INDUSTRY Shipping			14. MOTHER'S MAIDEN NAME Irene G. Harrison		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) YES			16. SOCIAL SECURITY NO. 217-14-3297		
17. INFORMANT Edward Basil Harrison -			ADDRESS SAME		
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Thrombosis with left partial hemiplegia			INTERVAL BETWEEN ONSET AND DEATH 14 days		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Hypertensive Cardiovascular Disease			DUE TO 10 yrs.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION none			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)					
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		
21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from March 4, 1951 , to March 18, 1951 , that I last saw the deceased alive on March 18, 1951 , and that death occurred at 6.25 A.M. , from the causes and on the date stated above.					
23A. SIGNATURE James M. Sewerson			23B. ADDRESS U.S. Marine Hospital Baltimore		
23C. DATE SIGNED March 18, 51					
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE 3/20/51		
24C. NAME OF CEMETERY OR CREMATORY Moreland Mem. Park			24D. LOCATION (City, town, or county) (State) Balto., Md.		
DATE RECEIVED BY LOCAL REGISTRAR			REGISTRAR'S SIGNATURE Walter Brooks Bradley		
ADDRESS Walter Brooks Bradley, Dundalk, Md.					

MAR 19 1951

240 55

937

RECEIVED

1

917-1-3205

3/2/51

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. 51 2553

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

C. Length of stay in Baltimore

5. SEX
M

6. COLOR OR RACE
Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

9. AGE (In years last birthday)

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

17. INFORMANT

ADDRESS

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Thrombosis
DUE TO Arterioscler. Heart disease

3-11-51

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

3-15-51

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-11-1951, to 3-15-1951, that I last saw the deceased alive on 3-15-1951, and that death occurred at 9:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 19 1951

Wm. A. Jackson

Wm. A. Jackson - 818 PENNA. AVE.

STATE DEPARTMENT
BUREAU OF INDIAN AFFAIRS
CERTIFICATE OF DEATH

1900-1901

Indian Name: _____



Place of Birth: _____

Place of Death: _____

Age at Death: _____

Sex: _____

Color: _____

Height: _____

Weight: _____

Build: _____

Cause of Death: _____

Signature of Physician: _____

Signature of Indian Agent: _____

Signature of _____



✓

Witnessed by _____
Signature of _____
Signature of _____

Filed for Record _____
Date _____
Signature of _____

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2554
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		HORACE DAVIS		2. DATE OF DEATH March 15, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital				A. STATE Maryland	
C. Length of stay in Baltimore 40				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
5. SEX Male		6. COLOR OR RACE Colored		D. STREET ADDRESS (if rural, give location) 623 Smithson Street	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH ? 1889		9. AGE (In years last birthday) 61	
10A. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) RETIRED		10B. KIND OF BUSINESS OR INDUSTRY RAILROAD		11. BIRTHPLACE (State or foreign country) Aikens, S. C.	
13. FATHER'S NAME DANIEL DAVIS				12. CITIZEN OF WHAT COUNTRY? ✓	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME EMMA ?	
17. INFORMANT M. LOREO Nicholson		ADDRESS 2349 N. 16TH Phila. Pa.			

MEDICAL CERTIFICATION

18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT DUE TO			CAUSE OF DEATH Arteriosclerotic cardiovascular disease INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Inspection & Inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William V. Booth		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED March 15, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 3-19-51		24C. NAME OF CEMETERY OR CREMATORY MT. AUBURN	
24D. LOCATION (City, town, or county) (State) BALTIMORE		24E. DATE RECEIVED BY LOCAL REGISTRAR MAR 19 1951		24F. REGISTRAR'S SIGNATURE Wm. A. Jackson	
24G. FUNERAL DIRECTOR Wm. A. Jackson		24H. ADDRESS 5916 PENNA. AVE		24I. DATE 930	

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PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2555
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Guanti

2. DATE
OF
DEATH

March 17 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4205 E. Lombard St.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. Length of stay in Baltimore

42 Yrs

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Labor

10B. KIND OF BUSINESS OR
INDUSTRY

Pensylvania R.R.

13. FATHER'S NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4205 E. Lombard St.

8. DATE OF BIRTH

Feb. 18 1889

9. AGE (In years
last birthday)

62

11 Under 1 Year
Months: Days

29

11. BIRTHPLACE (State or foreign country)

Roma

Italy

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

?

17. INFORMANT

ADDRESS

Isabella Guanti (Wife) 4205 E. Lombard St.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Acute dilatation of heart

DUE TO

ANTECEDENT CAUSES

(B)

Coronary Sclerosis

Cerebral arteriosclerosis

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

Had cerebral spinal meningitis in 1938

About 3 Yrs.

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

II

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from November 3, 1950, to March 17, 1951, that I last saw the
deceased alive on March 16, 1951, and that death occurred at 1:15 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

March 17, 1951

M. D.

516 Cathedral St., Baltimore, Md. 3/17/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

March 20 1951

New Cathedral Cemetery

4300 Old Frederick Rd.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 19 1951

William H. Williams, M.D.

322 S. High St.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **51 2556**

BIRTH NO. **526 2556**

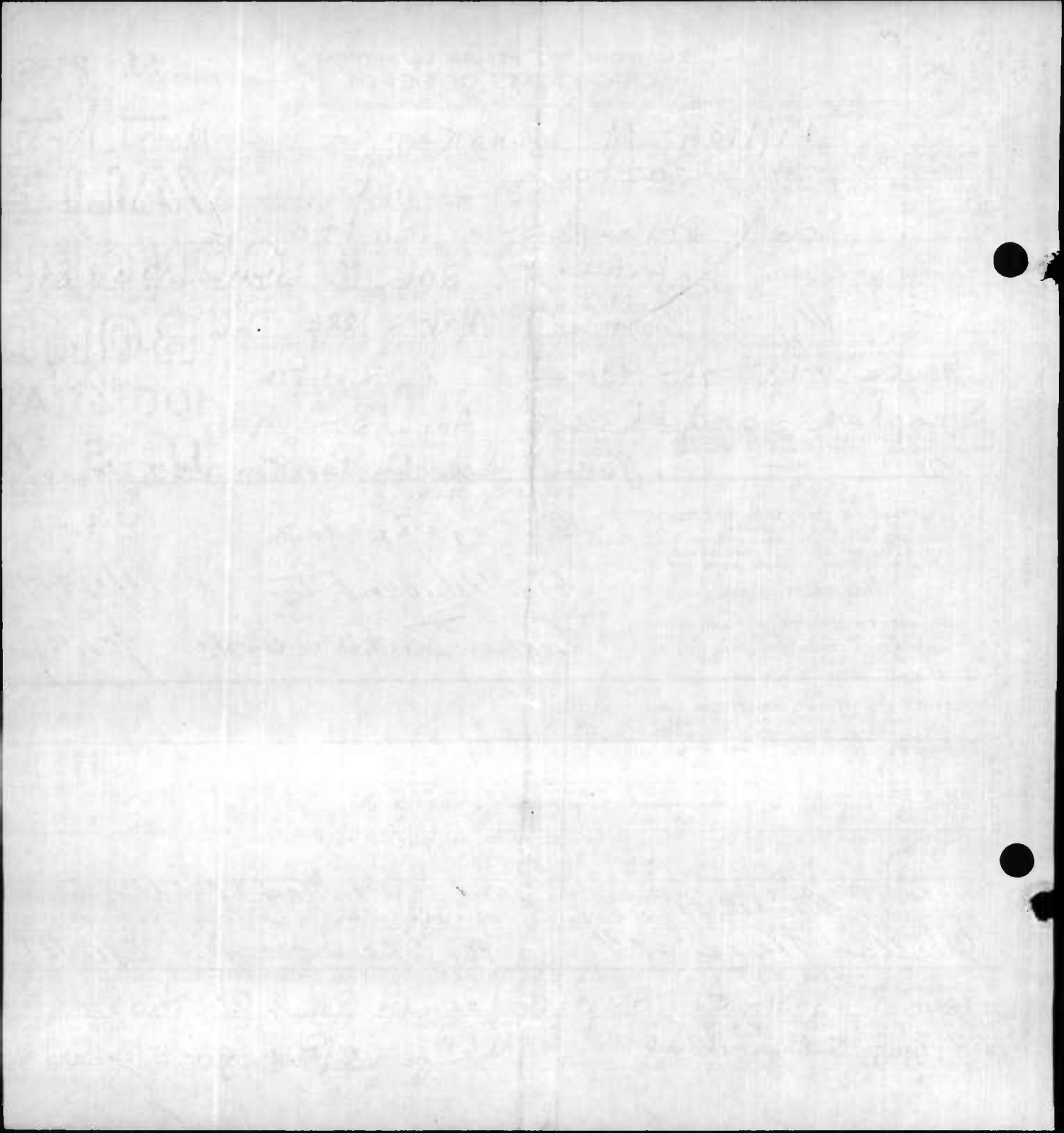
1. NAME OF DECEASED (Type or Print) Lillian M. Pensker			2. DATE OF DEATH March 18-57		
3. PLACE OF DEATH: A. Baltimore City, Maryland Batto.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY 6-01		
B. FULL NAME OF HOSPITAL OR INSTITUTION 206 N. Streaper St			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto.		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 206 N. Streaper St.		
5. SEX F.	6. COLOR OR RACE W.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 2 1884		9. AGE (In years last birthday) 66 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work		10B. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (State or foreign country) Balto.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Stephen Sandebeck			14. MOTHER'S MAIDEN NAME Anna Strecker		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT ADDRESS Joseph L. Pensker 206 N. Streaper St.		

MEDICAL CERTIFICATION

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 3/16/57
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Chn. Myocarditis		1/1/1947
(A) DUE TO Generalized Arterio Sclerosis		Jan. 1942
(B) DUE TO		
(C) DUE TO		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., io or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 47 , to March 18, 1957 , that I last saw the deceased alive on March 18, 1957 , and that death occurred at 2:15 A. M. , from the causes and on the date stated above.					
23A. SIGNATURE William J. Brane		23B. ADDRESS 801 E. Kenwood M.		23C. DATE SIGNED 3/18/57	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-21-57		24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	
24D. LOCATION (City, town, or county) (State) Balto.		24E. FUNERAL DIRECTOR 1000 E. Lombard St		24F. ADDRESS	

DATE RECEIVED BY LOCAL REGISTRAR: **MAR 19 1957**
REGISTRAR'S SIGNATURE: **William J. Brane**
M. D. **5**



CERTIFICATE OF DEATH

Registered No. 51 2557

1. NAME OF DECEASED
(Type or Print)

Ruth K. Astarita

2. DATE OF DEATH 3-16-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-01

D. STREET ADDRESS (If rural, give location) 141 N. Decker Ave.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 141 N. Decker Ave.

C. Length of stay in Baltimore Life

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH 1909 Jan. 25, 1909 9. AGE (in years last birthday) (45) 42

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Charles V. Keyser

14. MOTHER'S MAIDEN NAME

Estella Scates

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS Frank J. Astarita 141 N. Decker Ave

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Central hemorrhage

30 min

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Cardiovascular Dis

DUE TO

(C)

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1948 to Nov 14, 1951, that I last saw the deceased alive on Feb 14, 1951, and that death occurred at 10:15 pm, from the causes and on the date stated above.

23A. SIGNATURE

Charles C. MacMillan

23B. ADDRESS

3900 E Baltimore St

23C. DATE SIGNED

March 17, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-20-1951

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county) (State)

Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 19 1951

REGISTRAR'S SIGNATURE

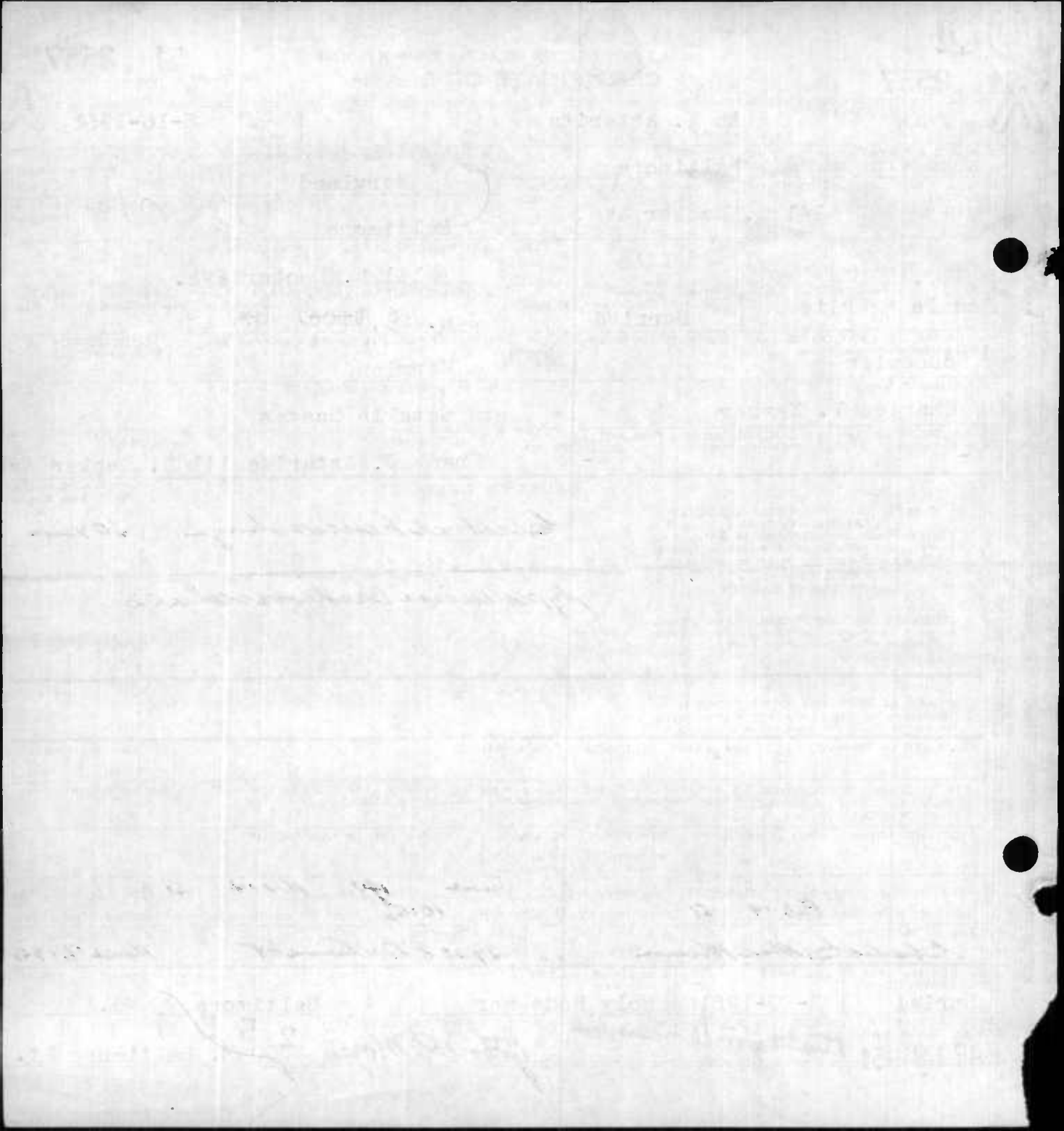
Wilmington Williams, Jr

25. FUNERAL DIRECTOR

John R. Moran

ADDRESS

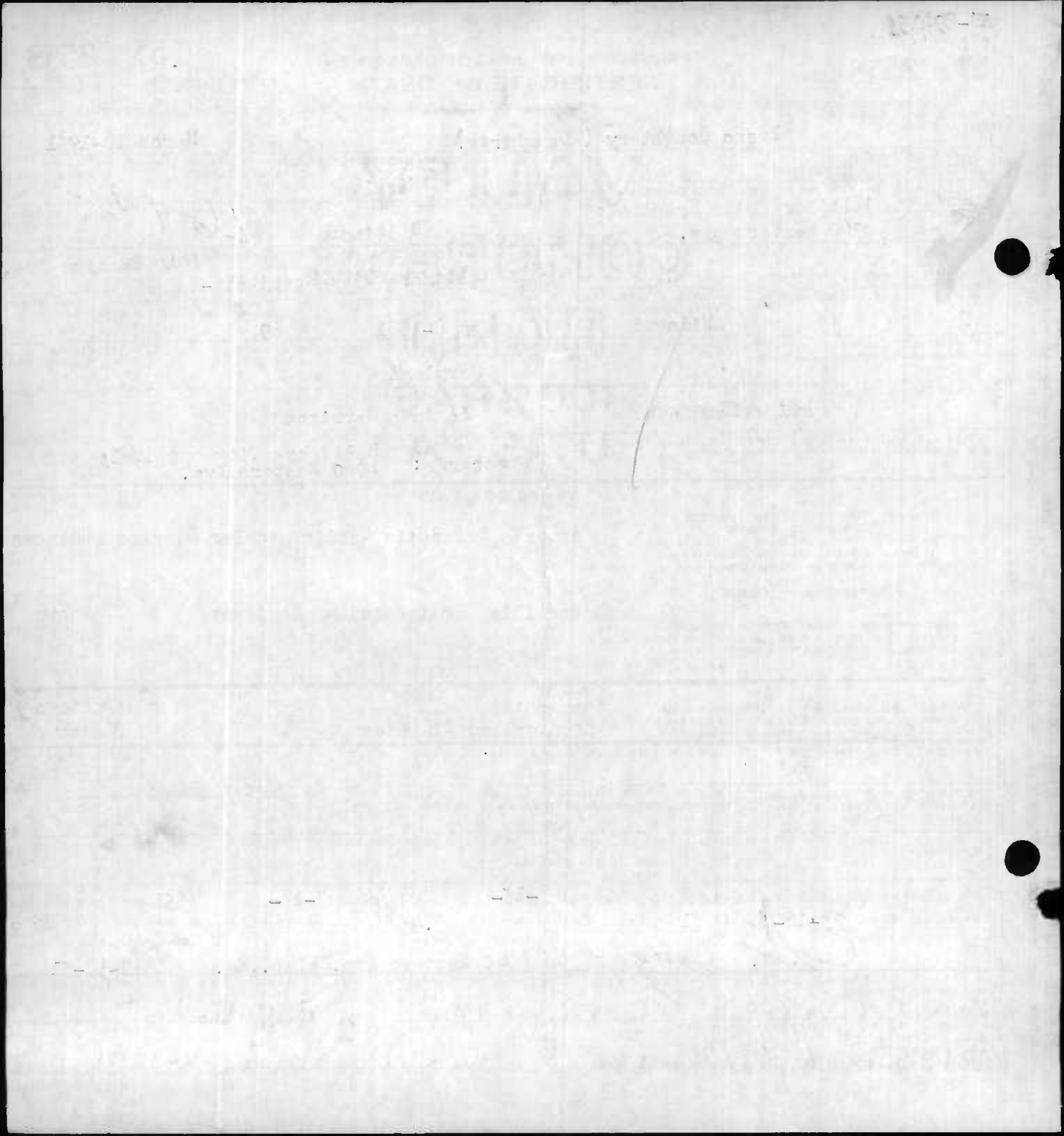
3000 E. Baltimore St.



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				51 2558 Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) Irene Dougherty (Dougherty)			2. DATE OF DEATH March 18-1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) Baltimore City Hospitals- 4940 Eastern Ave.		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH May 8-1881	9. AGE (In years last birthday) 69	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME William Landon			14. MOTHER'S MAIDEN NAME Jo Anna Garrison		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Ave.	
18. 4221 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Arterio Sclerotic Cardiovascular Disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) Possible Cardiovascular Accident DUE TO (C) Pneumonia Uncontrolled Diabetes				INTERVAL BETWEEN ONSET AND DEATH Unknown Unknown Unknown Unknown	
19A. DATE OF OPERATION 2				19B. MAJOR FINDINGS OF OPERATION	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 8-15 , 19 44 to 3-18 , 19 51 that I last saw the deceased alive on 3-18 , 19 51 and that death occurred at 3:45 AM , from the causes and on the date stated above.					
23A. SIGNATURE J. H. Rozen		23B. ADDRESS M. D. 4940 Eastern Ave. Balto. Md.		23C. DATE SIGNED 3-18-51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE 3-14-51		24C. NAME OF CEMETERY OR CREMATORY Baltimore City	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE John C. Melly		24D. LOCATION (City, town, or county) (State) Baltimore - Balto. Md.	
MAR 19 1951		VS 150		25. FUNERAL DIRECTOR John C. Melly Inc - 2435 8th St	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2559

BIRTH NO.

51 2559 146800

30-27-28

1. NAME OF DECEASED
(Type or Print)

Lillian Fenwick

2. DATE
OF
DEATH

3-17-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)
Baltimore City Hospitals
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1105 Carson Ct- 17

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Dec. 11, 1950

9. AGE (In years
last birthday)

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

3

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Infant

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Benjamin Fenwick

14. MOTHER'S MAIDEN NAME

Estello Shivers

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. Records, 4940 Eastern Ave.

18. 340.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Meningitis Pneumococcal

3 days

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from 3-15-51, 19 to March 17, 1951, that I last saw the
deceased alive on March 17, 1951 and that death occurred at 12.50 AM from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

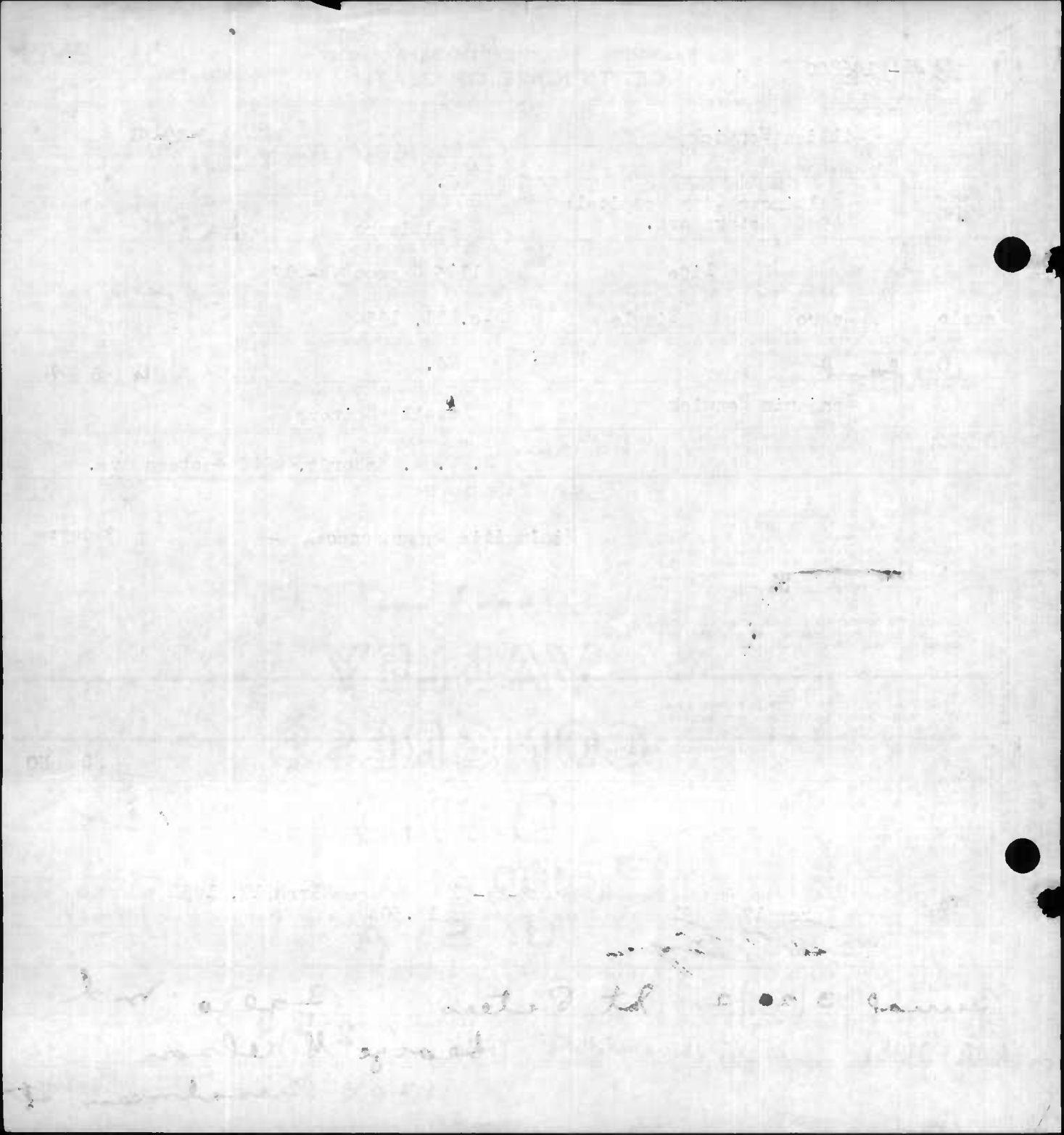
25. FUNERAL DIRECTOR

ADDRESS

MAR 19 1951

W. H. Williams, M.D.

George H. Kelson



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Pauline Jessup

2. DATE
OF
DEATH

3-16-51

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

Baltimore City Hospitals
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE
Md.

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

558 Gold St.-17

e. Length of stay in Baltimore

40 yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Wid.

8. DATE OF BIRTH

July 6, 1890

9. AGE (In years
last birthday)

60

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Shadrock Dilver

14. MOTHER'S MAIDEN NAME

Sarah Hawkins

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

B. C. H. Records, 4940 Eastern Ave.

ADDRESS

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Uremia

DUE TO

1 mo.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive Cardio Vascular di-
sease.

DUE TO

15 Yrs. Plus

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ YES ☒

21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

22. I hereby certify that I attended the deceased from 3-14-1951 to March 16, 1951 that I last saw the
deceased alive on March 16 1951 and that death occurred at 12.30 AM from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

4940 Eastern Ave.

23c. DATE SIGNED

3-16-51

M. D.

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

3/20/51

24c. NAME OF CEMETERY OR CREMATORY

Mt Calvary

24d. LOCATION (City, town, or county)

Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 19 1951

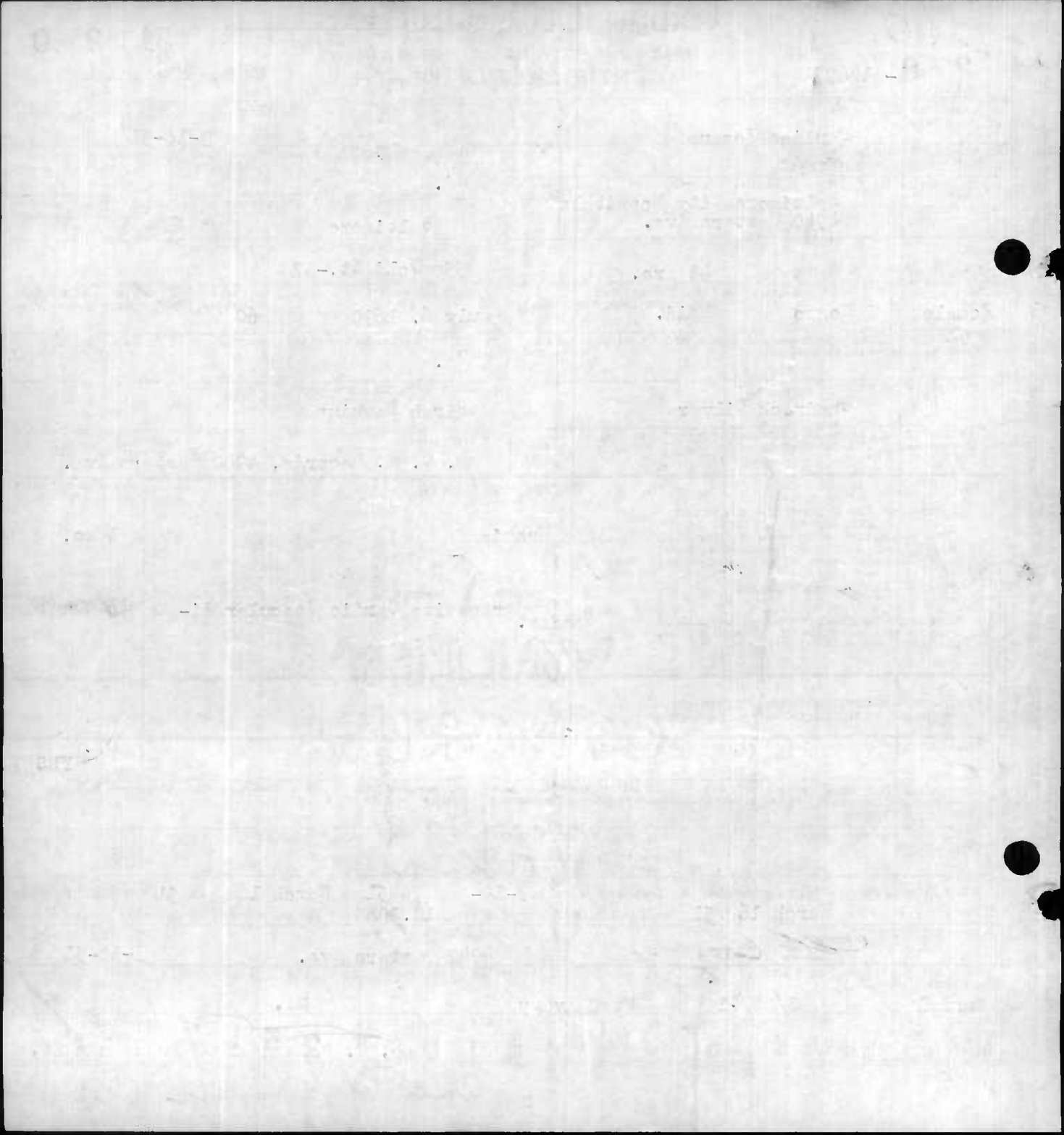
Registrar's Signature

Funeral Director

1303 Presstman St.

Res. H. Kelman

93D



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

255
51 2551

DICKMANN
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2551

BIRTH NO.

1. NAME OF DECEASED (Type or Print) <u>GEORGE DICKMANN</u>			2. DATE OF DEATH <u>3/18/51</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <u>md</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mary Hosp</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>27-34</u>		
C. Length of stay in Baltimore <u>Life</u>			D. STREET ADDRESS (If rural, give location) <u>6226 Fairchild Ave</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1/4/11</u>		9. AGE (In years last birthday) <u>40</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Pipe-fitter</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Pa. R.R.</u>	11. BIRTHPLACE (State or foreign country) <u>md</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13. FATHER'S NAME <u>August E. Dickmann</u>			14. MOTHER'S MAIDEN NAME <u>Bird Linden</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO.	17. INFORMANT <u>Harb. Records</u>		

18. 201X and 200.1
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Myocardial Infarction?
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) _____
DUE TO
(C) _____

INTERVAL BETWEEN ONSET AND DEATH

3 mos

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <u>7</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>3/11</u> , 19 <u>51</u> , to <u>3/18</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>3/18</u> , 19 <u>51</u> , and that death occurred at <u>6:35</u> m., from the causes and on the date stated above.					
23A. SIGNATURE <u>Charles R. Leland</u>		23B. ADDRESS <u>Mary Hosp</u>		23C. DATE SIGNED <u>3/18/51</u>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24B. DATE <u>Mar 27/1951</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Parkwood</u>	24D. LOCATION (City, town, or county) (State) <u>Hamilton Md</u>
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <u>William H. Williams</u>	25. FUNERAL DIRECTOR <u>Harry H. Williams</u>

MAR 19 1951
VS 150
574 50
55E

1975 12

UNION OF SOVIET REPUBLICS

1-1



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2582

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Virginia Lee McCloskey

2. DATE OF DEATH March 17, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE 517 Normandy Ave.

Maryland

none

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
517 Normandy Ave.

E. Length of stay in Baltimore

life Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

May 23, 1870

9. AGE (In years last birthday)

79

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
none

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?
U. S.

13. FATHER'S NAME

Mortimer De Shazo

14. MOTHER'S MAIDEN NAME

Latitia Ammond

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
James Wm. McCloskey-517 Normandy Ave.

18. 4201 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Coronary occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Coronary sclerosis

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3/6, 1951, to 3/17, 1951, that I last saw the deceased alive on 3/17, 1951, and that death occurred at 4 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS
3921 Edmondson Ave.

23C. DATE SIGNED
3/19/51

24A. BURIAL, CREMATION, REMOVAL (Specify)
burial

24B. DATE
3/20/51

24C. NAME OF CEMETERY OR CREMATORY
Mt. Olivet

24D. LOCATION (City, town, or county) (State)
Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

John O. Mitchell & Sons, Inc.-1900 Eutaw Pl.

MAR 19 1951

Dr. Scheye

94a

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2563

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louis Goldsmith

2. DATE
OF
DEATH

Mar. 18, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5233 Reisterstown Rd. (15)

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals
4940 Eastern Avenue

c. Length of stay in Baltimore

75 Yrs.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

June 23, 1870

9. AGE (In years last birthday)

80

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

farmhand

10B. KIND OF BUSINESS OR INDUSTRY

retired

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

U. S.

13. FATHER'S NAME

? unknown

14. MOTHER'S MAIDEN NAME

? unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Baltimore City Hospitals
Records: 4940 Eastern Avenue

18. 422.1 and E903.0 CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arterio Sclerotic Cardio vascular Disease Unknown

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CERTIFICATE APPROVED BY
J. B. O'Connell, M.D.
per: [Signature] M.D.
CHIEF OR ASST. MEDICAL EXAMINER.

INTERVAL BETWEEN ONSET AND DEATH

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Fracture left distal Humerus
Fracture Left Acetabulum

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

5233 Reisterstown Rd.

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Feb. 14, 1951 ? m.

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Slipped and Fell to floor

22. I hereby certify that I attended the deceased from 2-14, 1951, to 3-18, 1951, that I last saw the deceased alive on 3-18, 1951, and that death occurred at 11:35 a.m., from the causes and on the date stated above.

23A. SIGNATURE

[Signature] M.D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

3-18-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

3 - 21 - 51

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Pikesville, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 19 1951

REGISTRAR'S SIGNATURE

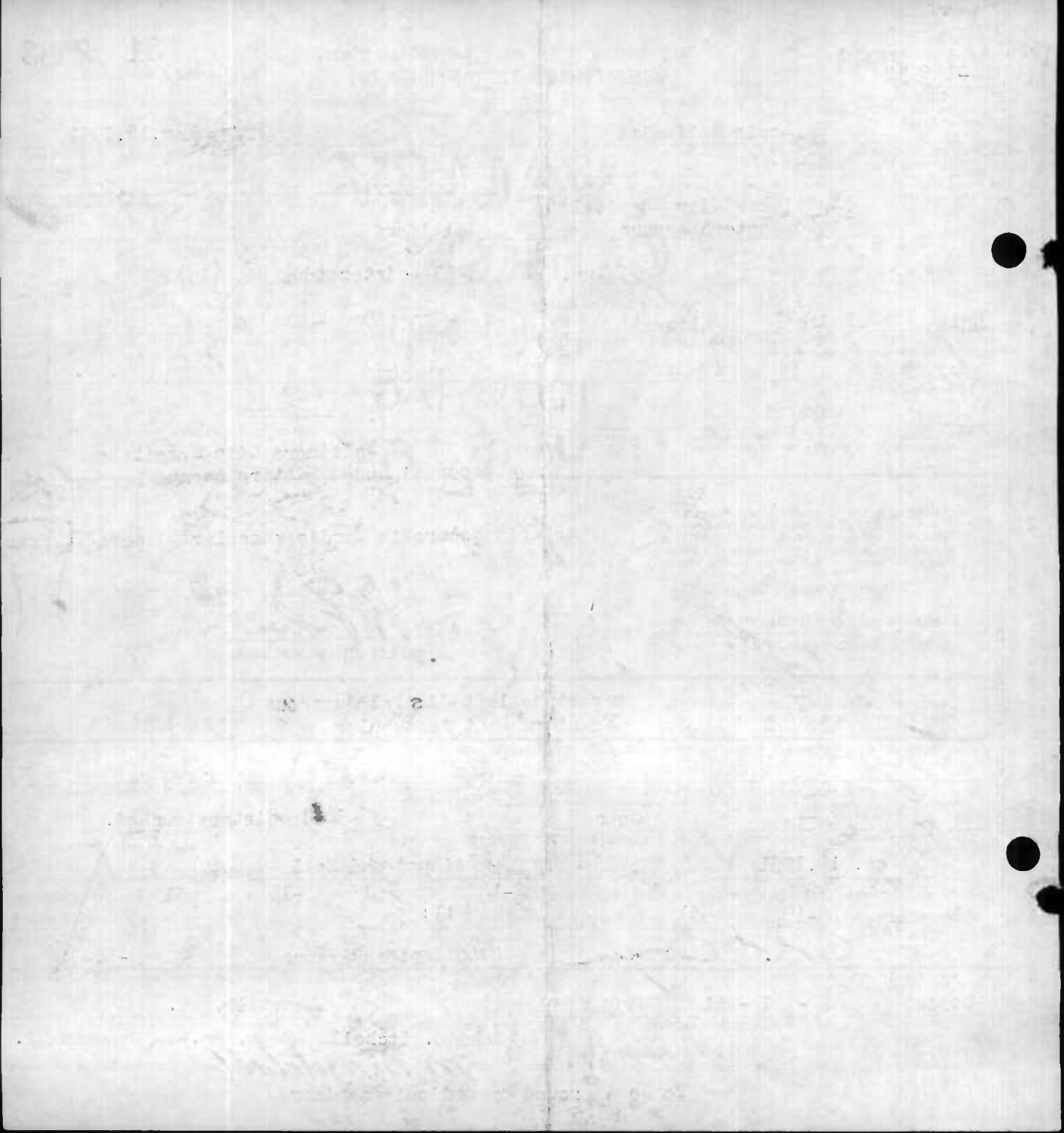
[Signature]

25. FUNERAL DIRECTOR'S ADDRESS

John O. Mitchell & Sons, Inc. - 1900 Eutaw Pl.

ADDRESS

M B Mitchell



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Bradley Adkins

2. DATE
OF
DEATH

March 19, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

JOHNS HOPKINS HOSPITAL

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 581.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Bleeding Esophageal Varices

INTERVAL BETWEEN ONSET AND DEATH

6 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Cirrhosis of Liver

(C) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3/13 1951, to 3/19 1951, that I last saw the deceased alive on 3/19 1951, and that death occurred at 9:55 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

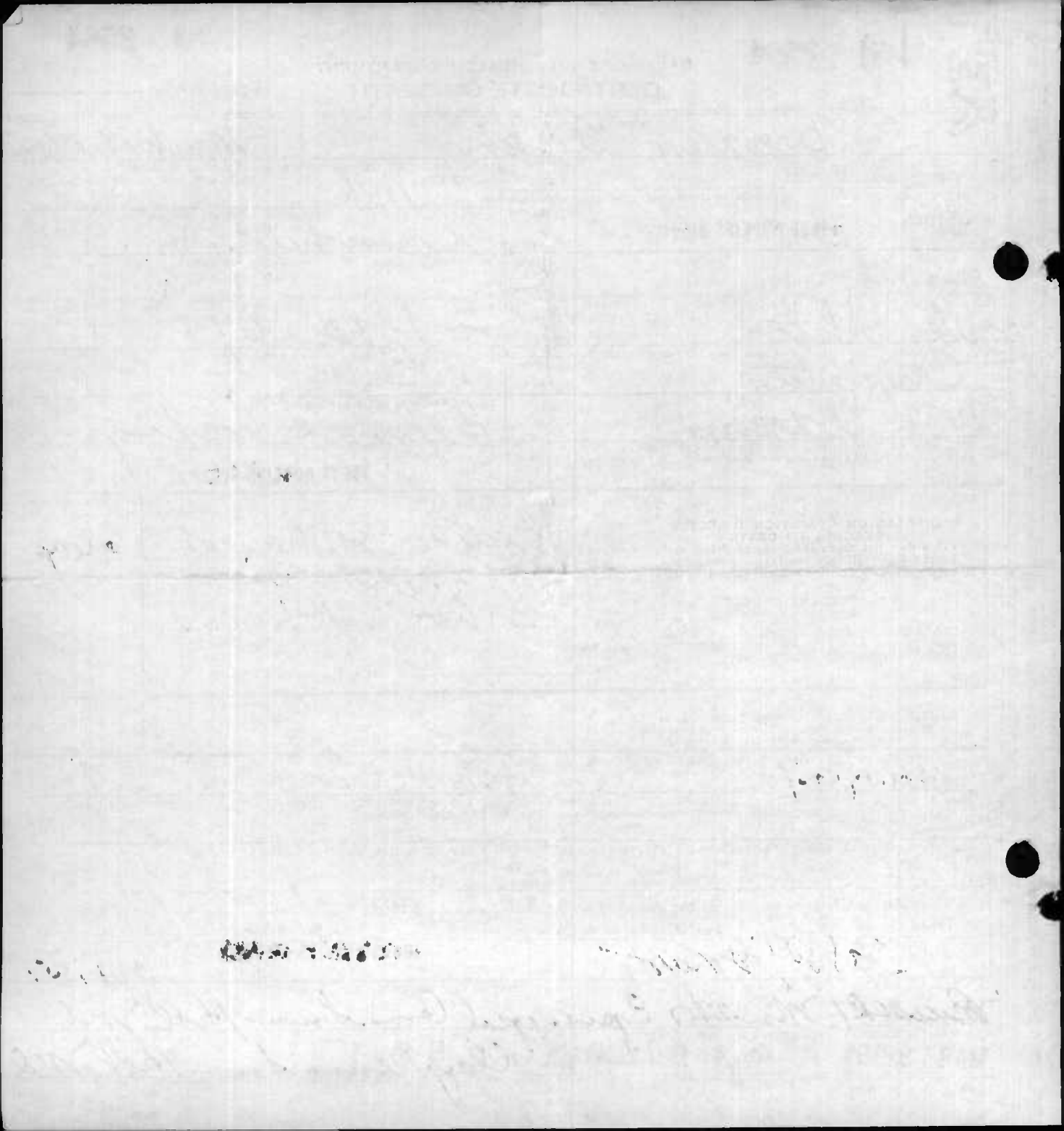
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Solomon Greenberg

2. DATE OF DEATH

3/18/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3501 Reisterstown Road

C. Length of stay in Baltimore *58 yrs.*

Yrs.
Mos.
Days

5. SEX
male

6. COLOR OR RACE
white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
MARRIED

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
cutter

10B. KIND OF BUSINESS OR INDUSTRY
clothing

13. FATHER'S NAME

Jacob Greenberg

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
Maryland
B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore *15-12*

D. STREET ADDRESS (If rural, give location)

3501 Reisterstown Road

8. DATE OF BIRTH

Nov 23, 1877

9. AGE (In years last birthday)

73

11 Under 1 Year Months: Days
11 Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?
USA.

14. MOTHER'S MAIDEN NAME

Sarah ??

17. INFORMANT

ADDRESS

Florence Greenberg-3501 Reisterstown Rd.

18. *416 X*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Rheumatic Ht. Disease

INTERVAL BETWEEN ONSET AND DEATH

20 yrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Jan 9-1951* to *Mar. 18, 1951*, that I last saw the deceased alive on *Mar 16, 1951* and that death occurred at *3:18 PM*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Dr. H. S. Huling

M. D.

2456 Eutaw Place

3/18/51

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

3/20/51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Hebrew Cemetery Baltimore, Maryland

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

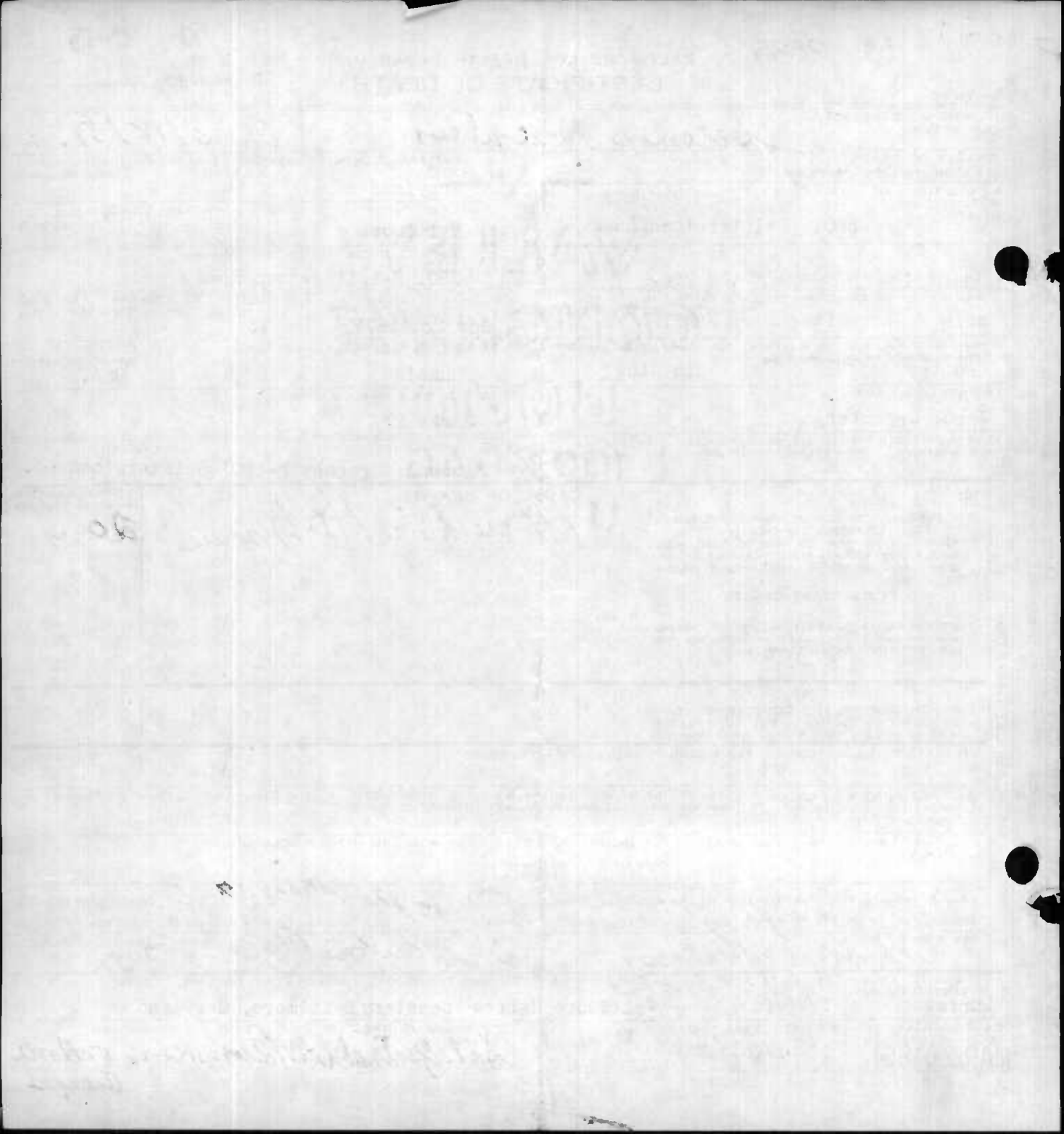
25. FUNERAL DIRECTOR

ADDRESS

MAR 20 1951

Dr. H. S. Huling

Ed. Bernstein 212 W. North Avenue



PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lena Marie Lavery

2. DATE
OF
DEATH

3.19.51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Hospital for the Women of Md.

C. Length of stay in Baltimore

68 yrs -

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

2-20-1883

9. AGE (in years
last birthday)

68

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Nurse

10B. KIND OF BUSINESS OR INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Henry Albert Lavery

14. MOTHER'S MAIDEN NAME

Stranovsky

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

unk.

16. SOCIAL SECURITY NO.

17. INFORMANT

Son - J. Albert Lavery.

ADDRESS

18.

176X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Carcinoma of uterus -
carcinomatous

INTERVAL BETWEEN ONSET AND DEATH

6 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from March 9, 1951, to March 19, 1951, that I last saw the deceased alive on 3/19, 1951, and that death occurred at 11a m., from the causes and on the date stated above.

23A. SIGNATURE

Julia J. Spake

23B. ADDRESS

Harner's Hospital

23C. DATE SIGNED

3/19/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 20 1951

24B. DATE

3/21/51

24C. NAME OF CEMETERY OR CREMATORY

Abingdon Catholic

24D. LOCATION (City, town, or county)

Harford Co. Md

(State)

25. FUNERAL DIRECTOR

Lorraine L. Spake

ADDRESS

4401 Belair Rd.

VS 150

05888

49D

8-25-13

LAURENCE M. J. JONES
OFFICE OF THE ATTORNEY GENERAL

STATE OF CALIFORNIA

IN SENATE

January 1, 1914

REPORT

OF THE

COMMISSIONER OF THE

LAND OFFICE

FOR THE YEAR

1913

AND

THE

LAND OFFICE

FOR THE YEAR

1913

AND

THE

LAND OFFICE

FOR THE YEAR

1913

AND

THE

LAND OFFICE

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. 57-05904

1. NAME OF DECEASED
(Type or Print)

Baby Girl Holmgrenworth

2. DATE
OF
DEATH

3/14/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

13-02

D. STREET ADDRESS (If rural, give location)

2013 Bolton St.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Maryland General Hosp

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

3/14/51

9. AGE (In years last birthday)

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min: 4 35

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James Thomas Holmgrenworth

14. MOTHER'S MAIDEN NAME

Agnes Louise Kern

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no.

16. SOCIAL SECURITY NO.

0

17. INFORMANT

Father

ADDRESS

2013 Bolton St.

18.

761.5

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Anoxia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Pre maturity

DUE TO

(C)

Pre-mature separation placenta

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Pre-eclampsia of mother.

19A. DATE OF OPERATION

0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3/14 1951, to 3/14, 1951, that I last saw the deceased alive on 3/14, 1951 and that death occurred at 5:00 Am., from the causes and on the date stated above.

23A. SIGNATURE

Lester A. Walker

M. D.

23B. ADDRESS

Ind. General Hosp

23C. DATE SIGNED

3/14/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Walter J. Williams, M.D.

25. FUNERAL DIRECTOR

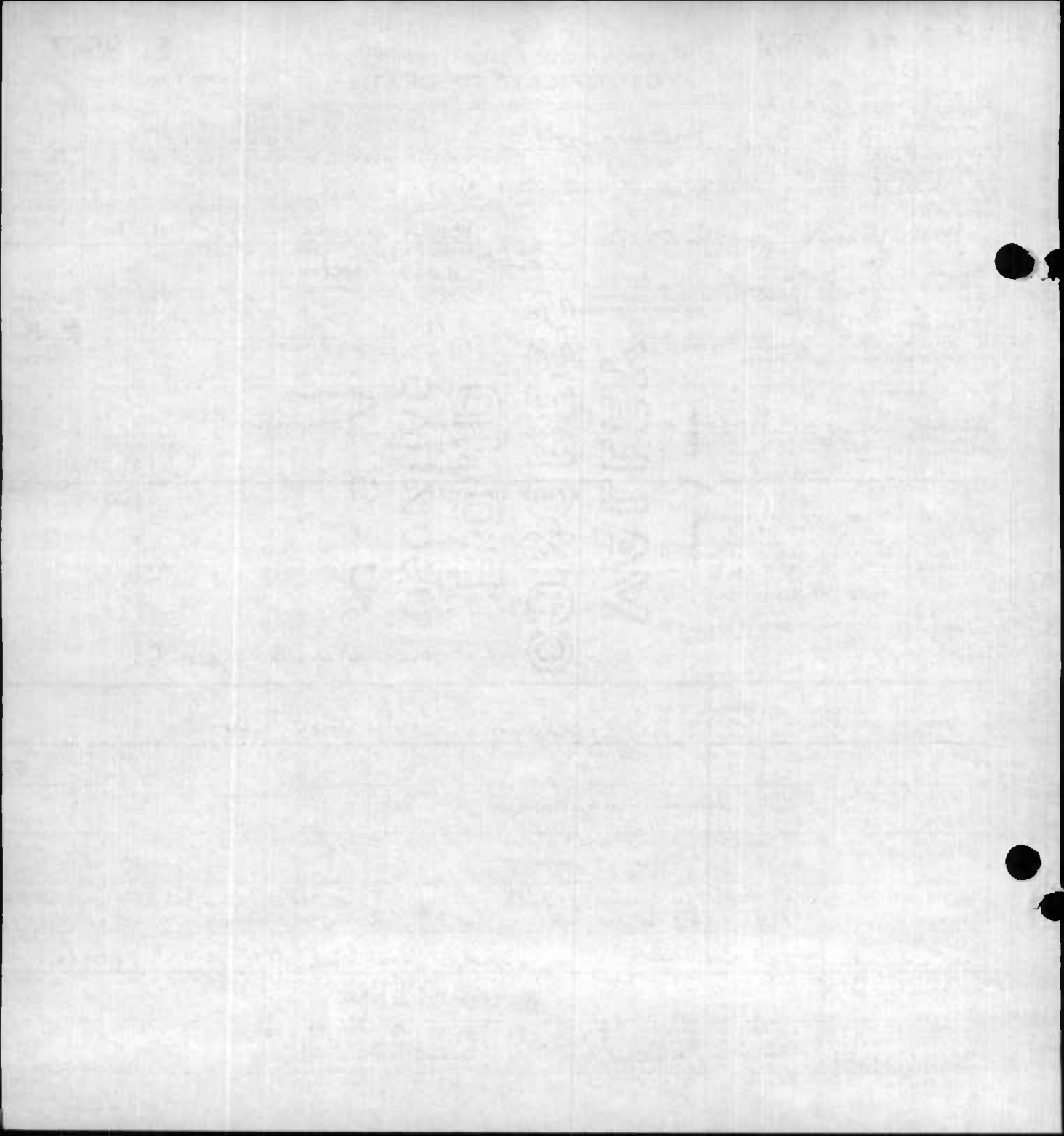
Commissioner of Health

ADDRESS

MAR 20 1951

VS 150

160c



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2568

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2568

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bertha Louise Pohlman

2. DATE
OF
DEATH

Mar-17-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

411 S. Bentalou Street

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE Maryland B. COUNTY Baltimore City

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore City 20-05

D. STREET ADDRESS (If rural, give location)

411 S. Bentalou Street

Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

None

13. FATHER'S NAME

Daniel Pohlman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.

None

8. DATE OF BIRTH

Sept-18-1855

9. AGE (In years, last birthday)

95

If Under 1 Year Months Days If Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

Fredericks L. Niemeyer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

Max. Wm. C. Flick (Cousin) 411 S. Bentalou St.

ADDRESS

18. 422.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) MYOCARDIAL INSUFFICIENCY

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ARTERIO SCLEROSIS

30 yrs

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 1, 1950 to March 17, 1951 that I last saw the deceased alive on 3-12-1951, and that death occurred at 7:47 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Arthur J. Danies M. O.

23B. ADDRESS

800 W 33rd St

23C. DATE SIGNED

3-19-51

24A. BURIAL-CREMA-TION, REMOVAL (Specify)

24B. DATE

Mar-20-1951

24C. NAME OF CEMETERY OR CREMATORY

Louisa Park Ceme.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Stewart Y. Mowen Co., 108 W. North Ave

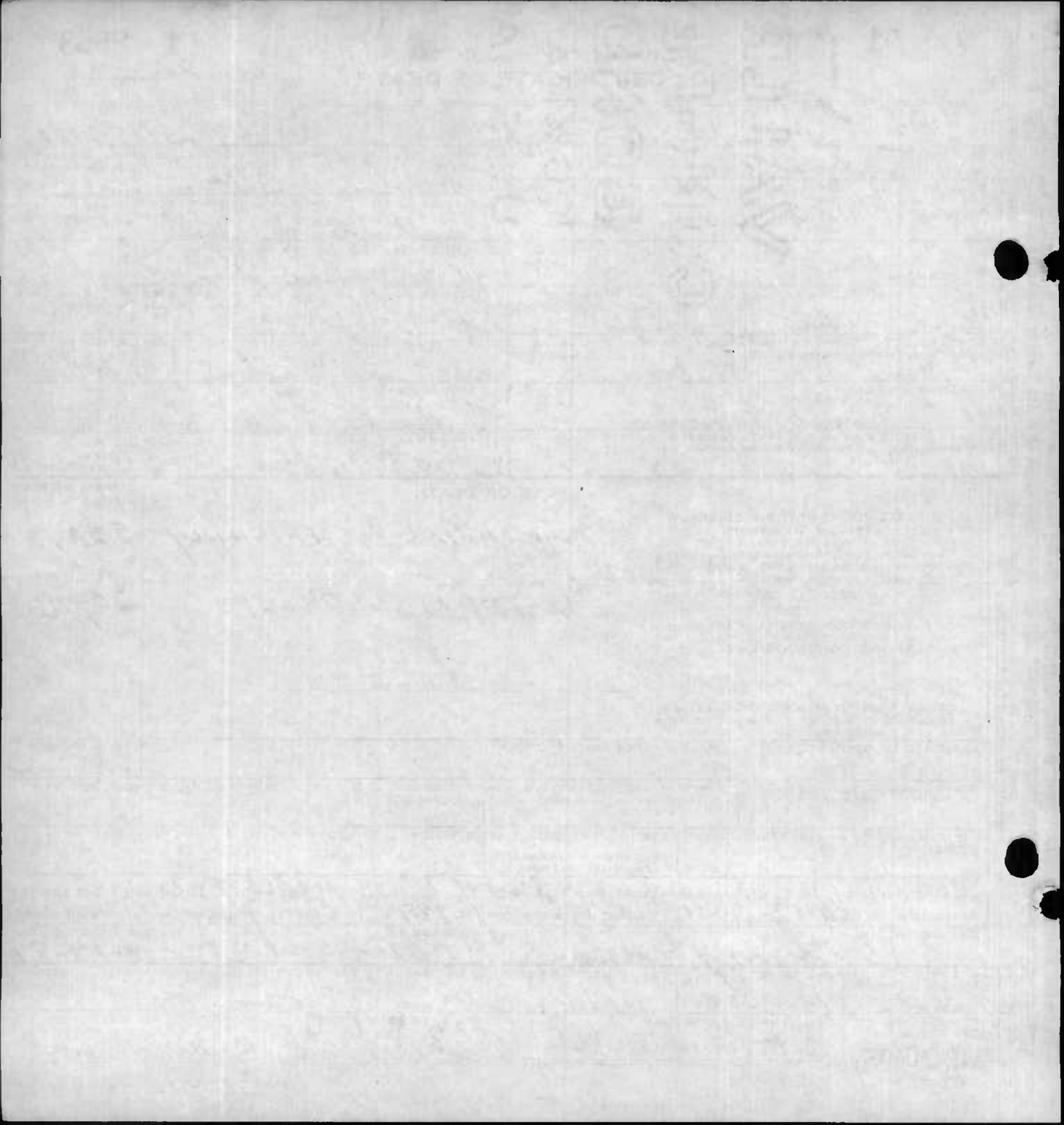
25. FUNERAL DIRECTOR

ADDRESS

MAR 20 1951

VS 150

City #1. 937



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2569

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2569

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JESSE COMMINGS

2. DATE
OF
DEATH

3-19-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

PROVIDENT HOSPITAL

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

NEGRO

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

JAMES CUMMINGS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

8-20-04

9. AGE (In years last birthday)

46

If Under 1 Year Months Days Hours Min.

11. BIRTHPLACE (State or foreign country)

MACON, GEORGIA

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

DORA DENNIS

17. INFORMANT

SISTER

ADDRESS

SAME

18. 002X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) MENINGITIS - ETIOLOGY UNDET. AT THIS TIME

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

approx. 6 weeks

approx. 9 months

PULMONARY TBC FAR ADVANCED

9 months

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3-7-1951, to 3-19-1951, that I last saw the deceased alive on 3-19-1951, and that death occurred at 11:00 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. H. Penney

23B. ADDRESS

Provident Hosp

23C. DATE SIGNED

3-20-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

3/22/51

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Memorial Park

24D. LOCATION (City, town, or county)

Balto. Co., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

W. J. H. Penney

25. FUNERAL DIRECTOR

Charles E. Law - 802 Madison Ave.

ADDRESS

13B

UNITED STATES OF AMERICA
DEPARTMENT OF HEALTH
CENTRE FOR DISEASE CONTROL

8-19

JOHN
BOND

AMERICA

AMERICAN RED CROSS

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

51 2570		BALTIMORE CITY HEALTH DEPARTMENT		51 2570	
BIRTH NO.		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print)		William Boone		2. DATE OF DEATH 3/17/1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		Baltimore City		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION Parwilbar Home Cole spring		C. CITY OR TOWN Baltimore City		D. STREET ADDRESS (If rural, give location) 1521 North Bond Street	
c. Length of stay in Baltimore Life		Yrs. Mos. Days		8-06	
5. SEX Male		6. COLOR OR RACE Col.		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Longshoreman		10B. KIND OF BUSINESS OR INDUSTRY Water Front		8. DATE OF BIRTH Nov. 7, 1908	
13. FATHER'S NAME Arthur Boone		11. BIRTHPLACE (State or foreign country) Baltimore Maryland		9. AGE (In years last birthday) 42	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH Cardiovascular degeneration		14. MOTHER'S MAIDEN NAME Estelle Hill		17. INFORMANT Bernice Boone	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		ADDRESS 1521 N. Bond St	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 5, 1951, to March 5, 1951, and that death occurred at 7 P.M., from the causes and on the date stated above.					
23A. SIGNATURE H. H. Johnson		23B. ADDRESS 403 Medarts Bg		23C. DATE SIGNED 3/19/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/22/1951		24C. NAME OF CEMETERY OR CREMATORY Mt Calvert Cem.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE Gustafson Williams		24D. LOCATION (City, town, or county) (State) Brooklyn Md.	
25. FUNERAL DIRECTOR Choy & Wilson		ADDRESS 1205 Beatty Rd			
MAR 20 1951					

940 55

93D

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John E. Major

2. DATE
OF
DEATH

3/16/1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF (If not in hospital or institution, give street address or location)

2016 Etting Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore City

D. STREET ADDRESS (If rural, give location)

2016 Etting Street

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 7, 1910

9. AGE (In years last birthday)

41

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

In General

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Edward

Major

14. MOTHER'S MAIDEN NAME

Georgie Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Catherine Major 2016 Etting St

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Pulmonary Tuberculosis

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

?

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from March 7, 1951, to March 16, 1951, that I last saw the deceased alive on March 16, 1951, and that death occurred at 4:55 P. M., from the causes and on the date stated above.

23A. SIGNATURE

George McDonald

M. O.

23B. ADDRESS

844 N. Carey St. Baltimore, Md. 3/19/51

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/20/1951

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cem. Brooklyn Md.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William Williams, M.D.

25. FUNERAL DIRECTOR

Choy O. Wilson 1005 Bessie Ave

1-10-1

1-10-1

1-10-1

1-10-1

1-10-1

1-10-1

1-10-1

1-10-1

1-10-1

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1-10-1

1-10-1

1-10-1

PLEASE WRITE PLAINLY, USING UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION

JONES HOPKINS HOSPITAL

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Unknown

10B. KIND OF BUSINESS OR INDUSTRY

Dr. General

13. FATHER'S NAME

Joseph Edeney

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

Yes

War # 1

16. SOCIAL SECURITY NO.

2. DATE OF DEATH March 14, 1951

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MD.

B. COUNTY

3-01

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1529 E. Pratt St

8. DATE OF BIRTH

Feb. 9, 1895

9. AGE (In years last birthday)

56

11. BIRTHPLACE (State or foreign country)

Portsmouth Va

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

Lizzie Sawyer

17. INFORMANT

ADDRESS

JONES HOPKINS HOSPITAL

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

48 hours.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asphyxia, etc. It means the disease, injury or complication which caused death.)

(A) Hemiplegia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive cardiovascular

DUE TO

diarrhea

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-14, 1951, to 3-14, 1951, that I last saw the deceased alive on 3-14, 1951, and that death occurred at 6:15 P. M., from the causes and on the date stated above.

23A. SIGNATURE

William P. McKeever

M. D.

23B. ADDRESS

JONES HOPKINS HOSPITAL

23C. DATE SIGNED

March 17, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/21/51

24C. NAME OF CEMETERY OR CREMATORY

Calver, Nat. Cem.

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 20 1951

REGISTRAR'S SIGNATURE

William P. McKeever

25. FUNERAL DIRECTOR

Chas. O. Wilson

ADDRESS

1001 Beatty Ave

1529 E. Lombard St -
Palto Md.

10. P. 10. 10.
3326 Fish
41. 1818

7-9 P.M.

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Magdalena Wehrle

2. DATE
OF
DEATH

March 16, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

4205 Connecticut Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widow

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H. W.

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

13. FATHER'S NAME

Geo. Zimpfer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Lena Bell, 4215 Conn. Ave. Balto. 29

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 1, 1951, to Mar 16, 1951, that I last saw the deceased alive on Mar 14, 1951, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

March 20/51

Western, Edmondson Ave. & Longwood St. Balto. 29

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S

ADDRESS

MAR 20 1951

Huntington, Md. 5, 401

Harry A. Whitely, 101 Edmondson Ave.

131a

9.11 Cawthell

1-2

6.8

4209 Fredk

Loi 4315

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

260 51 2575 CERTIFICATE CORRECTED 5-18-51				51 2575			
BALTIMORE CITY HEALTH DEPARTMENT				Registered No.			
BIRTH NO.				CERTIFICATE OF DEATH			
1. NAME OF DECEASED (Type or Print)		Robert J. Fisher		2. DATE OF DEATH		Mar. 18-51	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)		A. STATE		Md.	
b. FULL NAME OF (If not in hospital or institution, give street address or location)		c. CITY OR TOWN		B. COUNTY		Baltimore 6-02	
c. Length of stay in Baltimore		Yrs. Mos. Days		O. STREET ADDRESS (If rural, give location)		2411 E. Fairmount Ave.	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years, last birthday)	10. Under 1 Year Months: Days	11. Under 24 Hours Hours: Min.	
Male	White	Married	June 9-1915	35			
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Stationary Eng.		Lord Balto. Hotel		Md.			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
Robert J. Fisher		Bessie Swift					
17. INFORMANT		ADDRESS		18. H10X		CAUSE OF DEATH	
Mrs. Lawrence Tracey		2411 Fairmount Ave.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?		INTERVAL BETWEEN ONSET AND DEATH	
				YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED		21F. HOW DID INJURY OCCUR?			
		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from Nov 11, 1948, to Jan 18, 1951, that I last saw the deceased alive on Jan 18, 1951, and that death occurred at 11 a. m., from the causes and on the date stated above.							
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED			
N. E. Meade		2314 W. North Thine		3/19/51			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Burial		Mar. 22-51		Magdaly Methodist Church		Annapolis Co. Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		FUNERAL DIRECTOR		ADDRESS	
MAR 20 1951		[Signature]		John L. Miller		2334 Jefferson St.	
VS 150		583 EB		92 B			

Was the R.H. condition
accompanied by active
symptoms? at the time of death?

inaction, quiescent - a chronic condition?

See Document File 51-2575

3/29/51

ES

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

51 2576		BALTIMORE CITY HEALTH DEPARTMENT		51 2576	
CERTIFICATE OF DEATH				Registered No. _____	
BIRTH NO. _____		1. NAME OF DECEASED (Type of Print) <i>Elison Butler</i>		2. DATE OF DEATH <i>March 16 1957</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) A. STATE <i>Md</i> B. COUNTY <i>7-04</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>1057 N. Gay St</i>			
5. SEX <i>male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Single</i>	8. DATE OF BIRTH <i>11/2/18</i>	9. AGE (In years last birthday) <i>32</i>	10. Under 1 Year Months: Days: 11. Under 24 hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>cook</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Restaurant</i>		11. BIRTHPLACE (State or foreign country) <i>Va</i>	
13. FATHER'S NAME <i>Elison Scruggs</i>		14. MOTHER'S MAIDEN NAME <i>Elizabeth Wright</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>216-121972</i>		17. INFORMANT ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>	
18. <i>053.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) <i>Acute lung abscess.</i>		<i>4 days.</i>	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>Hemolytic streptococci</i> <i>Bacteremia due to</i>			
II		(C) <i>Hemolytic streptococci</i>			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		<i>Hypertensive cardiovascular disease</i>		<i>1 year</i>	
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3/15</i> , 1957, to <i>3/16</i> , 1957, that I last saw the deceased alive on <i>3/16</i> , 1957, and that death occurred at <i>725 R.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>William P. McKeach</i>		23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23C. DATE SIGNED <i>March 17 57</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3/20/57</i>		24C. NAME OF CEMETERY OR CREMATORY <i>St. Calixtus A.C. Co. Md.</i>	
24D. LOCATION (City, town, or county) (State)		24E. NAME OF FUNERAL DIRECTOR <i>Robert H. Young</i>		24F. ADDRESS <i>1532 E. Monument</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 20 1957</i>		REGISTRAR'S SIGNATURE <i>Walter J. Williams</i>		25. FUNDING AGENCY	
VS 150		75463		937	

RECEIVED
OFFICE OF THE
DIRECTOR OF THE
BUREAU OF THE
CENSUS

U.S. DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

WASHINGTON, D.C. 20543

DATE: 10/1/70

TO: DIRECTOR, BUREAU OF THE CENSUS

FROM: SAC, NEW YORK

SUBJECT: [Illegible]

RE: [Illegible]

1. [Illegible]

2. [Illegible]

3. [Illegible]

4. [Illegible]

5. [Illegible]

6. [Illegible]

7. [Illegible]

8. [Illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and in full.

51 2577

51 2577

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SARAH COLLINS 107675-

2. DATE
OF
DEATH

MAR 18 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Med. Bldg 7

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1506 E. MADISON ST.

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years last birthday)

If Under 1 Year

If Under 24 Hours

female

colored

married

2-2-83

68

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

William Wilson

Priscilla Stanley

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS

JOHNS HOPKINS HOSPITAL

18. 443x and 203x

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Uremia

2 weeks

DUE TO Chronic pyelonephritis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Cardiovascular disease

3 years

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Multiple Myeloma

5 months

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-5-1951 to 3-18-1951, that I last saw the deceased alive on 3-18-1951, and that death occurred at 7:00 P.M., from the causes and on the date stated above.

23A. SIGNATURE

William T. Underwood

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

March 18 51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3/21/51

Arbutus mem. PK

Arbutus. Ind.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

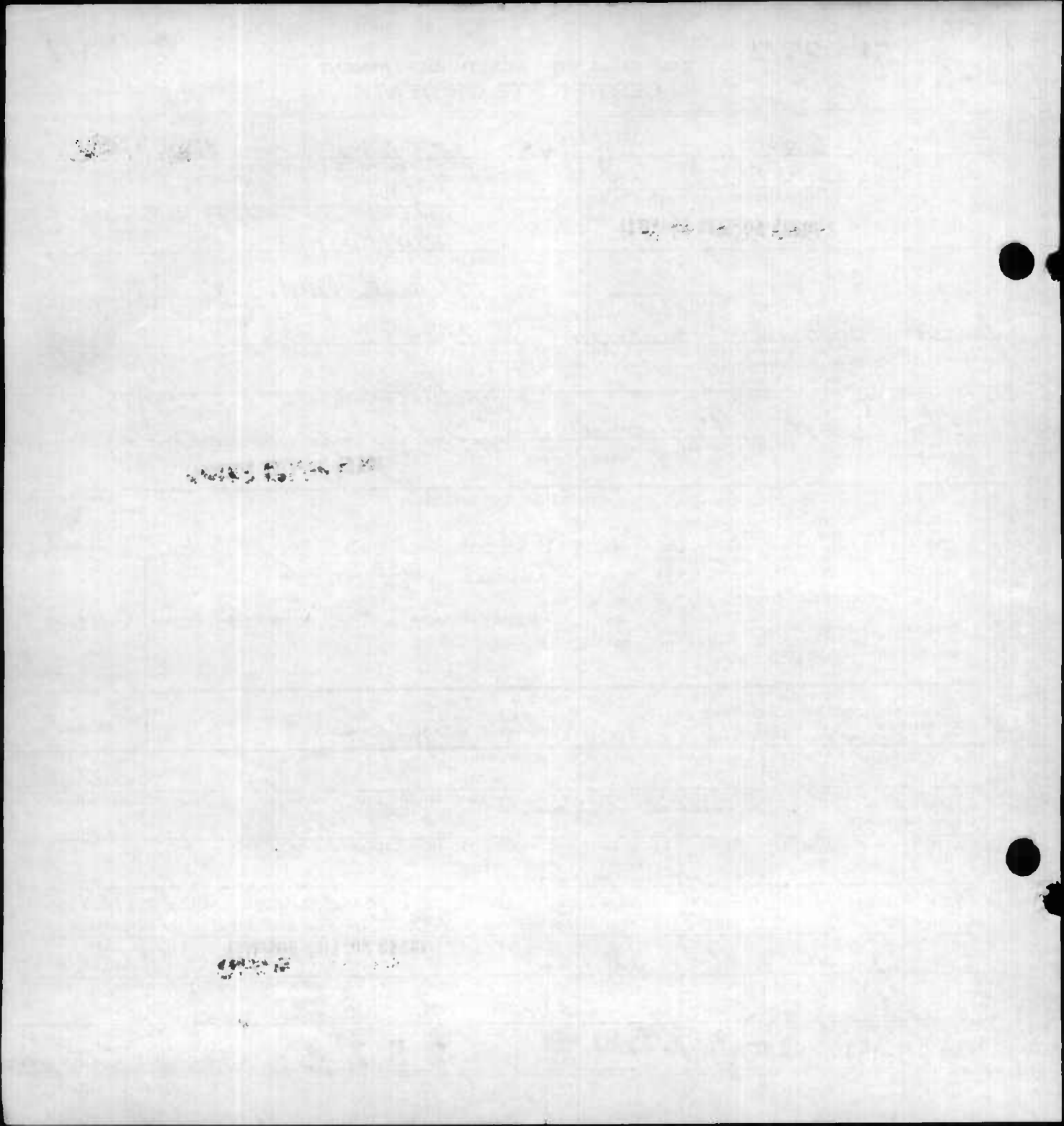
25. FUNERAL DIRECTOR

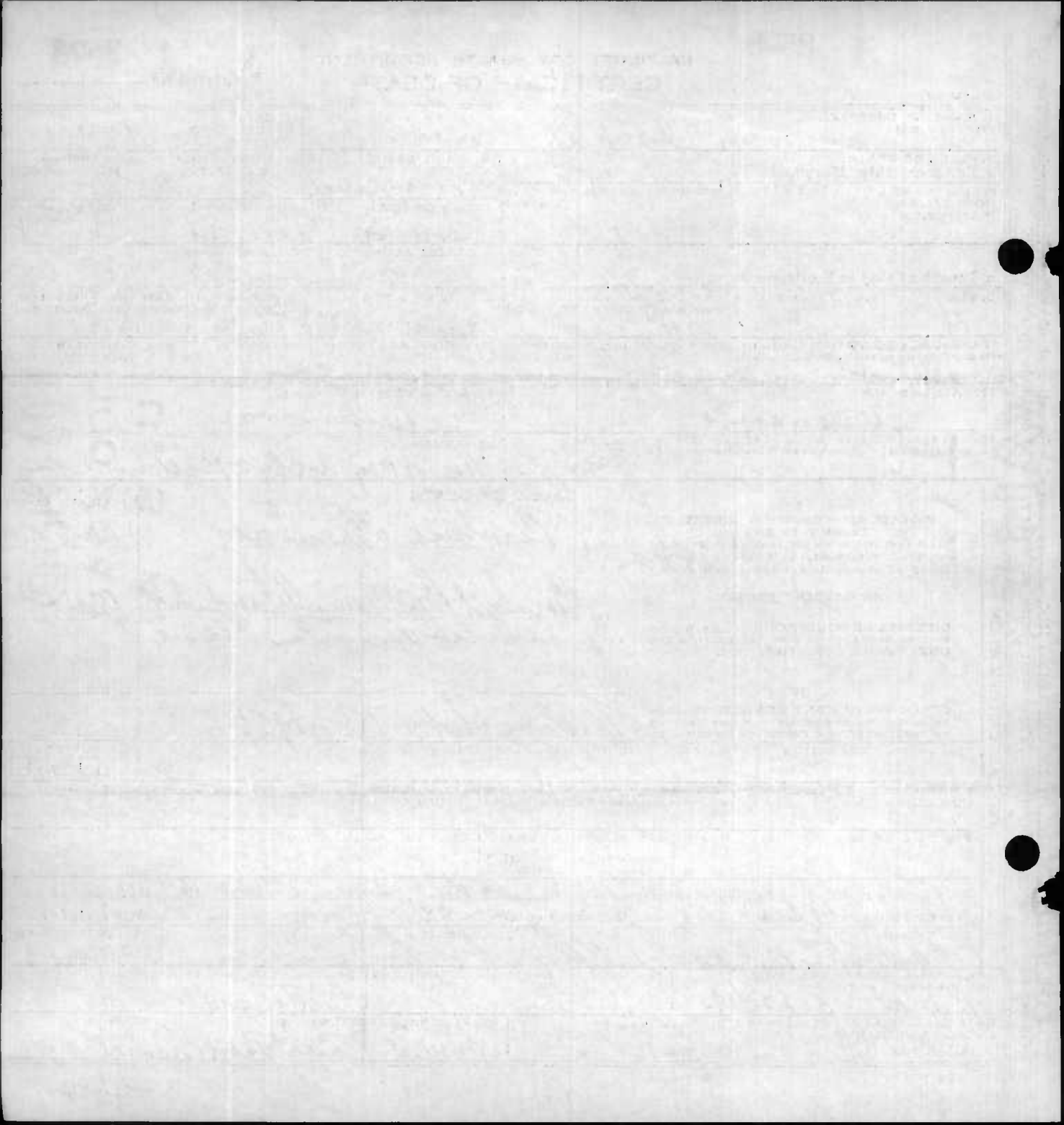
ADDRESS

MAR 20 1951

Wm. T. Underwood, M.D.

Joseph B. Rock Jr. 1304 N. Central Ave





PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

LILLIAN MAY BELL

2. DATE
OF
DEATH

19 MAR 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION

UNION MEMORIAL HOSPITAL

c. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

Yrs.
Mos.
Days

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

COMPANION NURSING

10b. KIND OF BUSINESS OR
INDUSTRY

Self

13. FATHER'S NAME

JOHN. J. KEENA

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

9 JUNE 1884

9. AGE (in years
last birthday)

66

11 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

NEW YORK

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

14. MOTHER'S MAIDEN NAME

MARGARET FORD

17. INFORMANT

ADDRESS

MISS ELAINE BELL (DAUGHTER) SAME

18. 470.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

MYOCARDIAL INFARCTION

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

INFARCTION

(B)

CORONARY OCCLUSION

?

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from 18 MAR, 1951, to 19 MAR, 1951, that I last saw the
deceased alive on 19 MAR, 1951, and that death occurred at 10:54 A. M., from the causes and on the date stated above.

23a. SIGNATURE

Richard Beach

23b. ADDRESS

M. D.

Union Memorial Hospital

23c. DATE SIGNED

3-19-51

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

3/21/51

24c. NAME OF CEMETERY OR CREMATORY

Cathedral

24d. LOCATION (City, town, or county)

Balto Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 20 1951

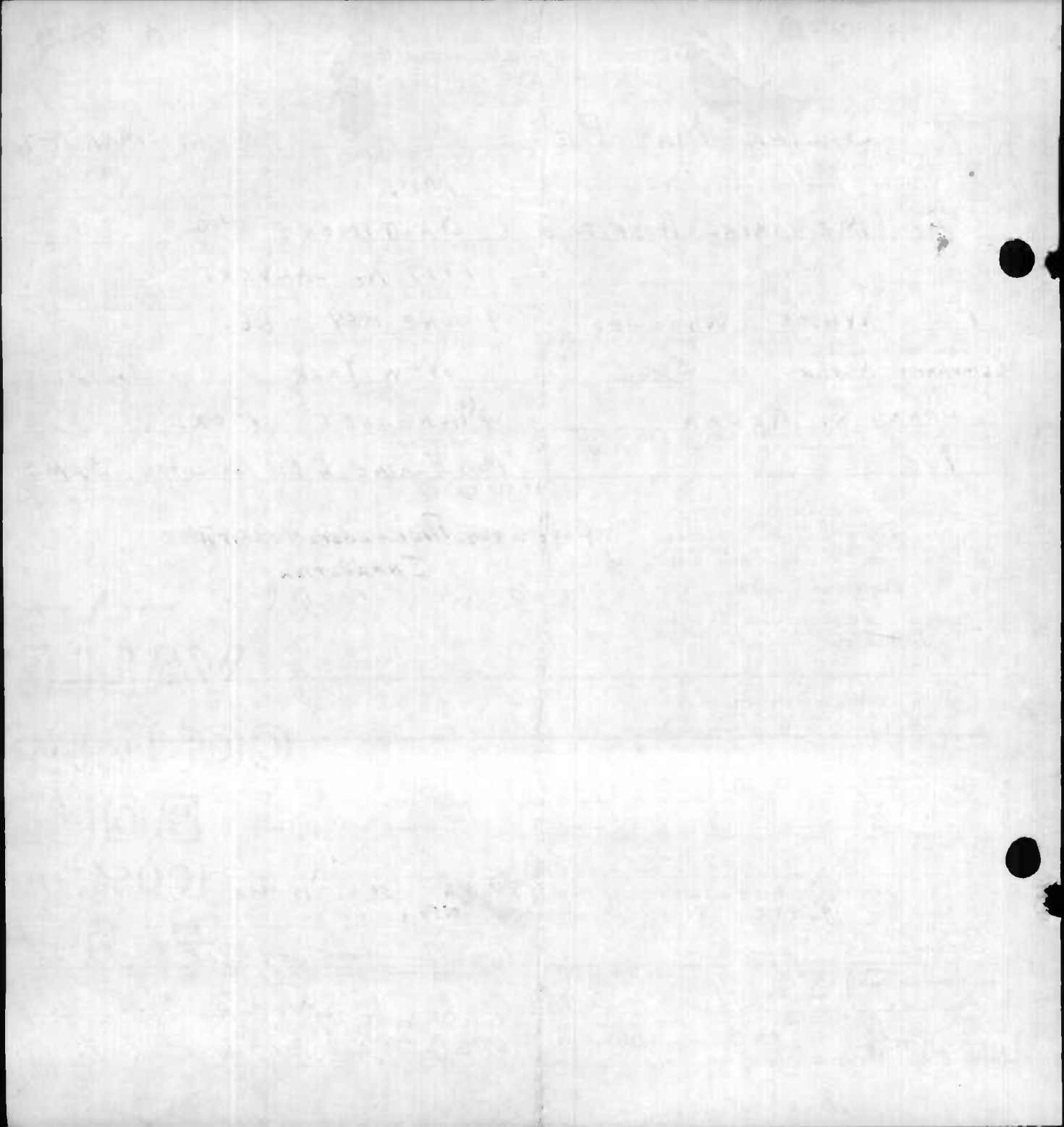
REGISTRAR'S SIGNATURE

Walter J. Williams, M.D.

25. FUNERAL DIRECTOR?

4PM Cook Inc. 1217 St. Paul St.

ADDRESS



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM H. BALLMAN

2. DATE
OF
DEATH

March 19, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

3204 Dudley Avenue

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

26-03

D. STREET ADDRESS (If rural, give location)

3304 Dudley Avenue

E. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

2/5/1908

9. AGE (In years

last birthday)

43

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Refrigerating Co.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Fredrick C. Ballman

14. MOTHER'S MAIDEN NAME

Henriette Wheatley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Dono S. Ballman 3204 Dudley Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

EMERGENCY

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Coronary occlusion

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William H. Ballman

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

March 19, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

3/22/51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county) (State)

57 Parkville Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Ballman

25. FUNERAL DIRECTOR

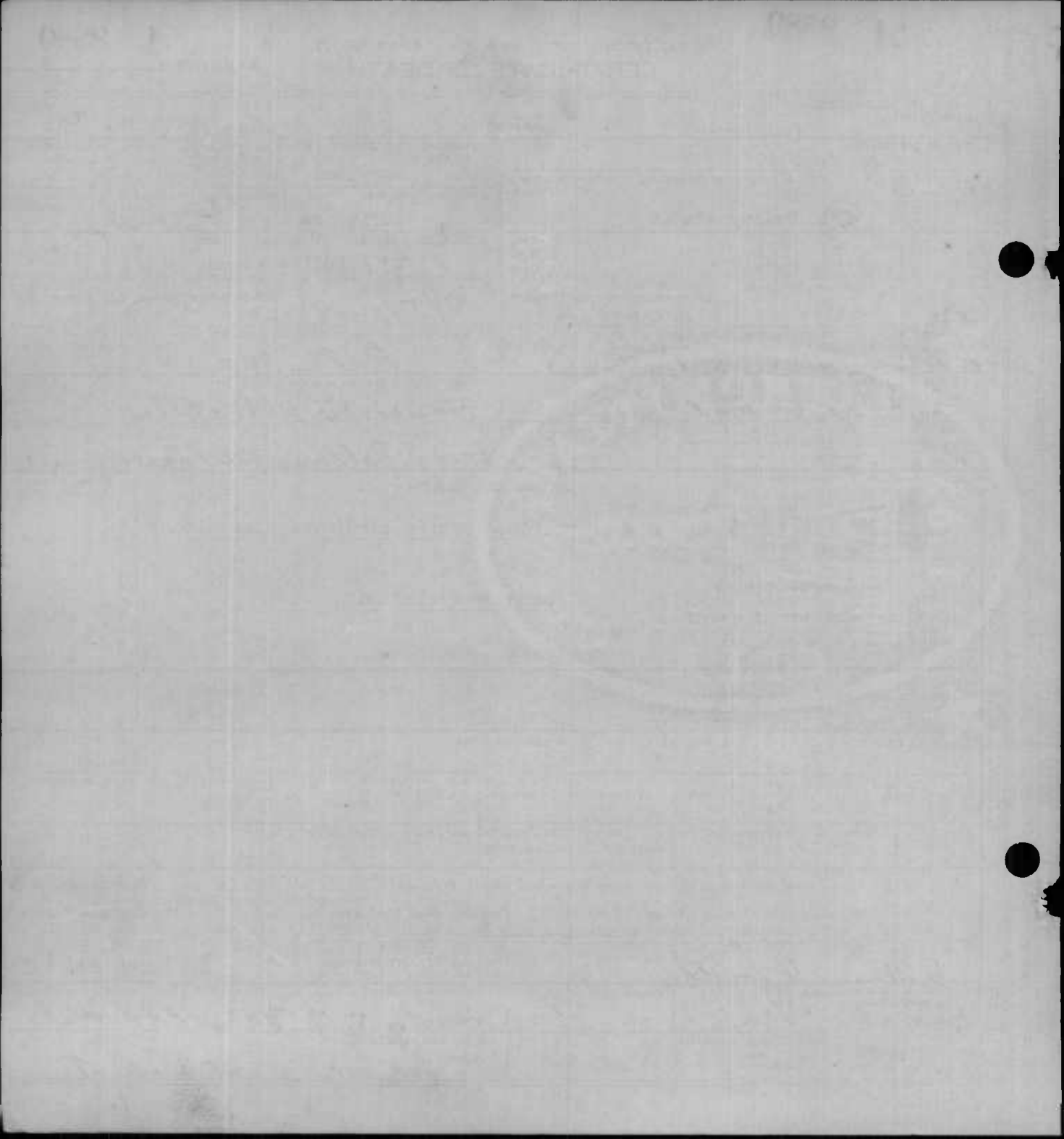
ADDRESS

Dono S. Ballman 1217 St. Paul St.

V S 151

04624

93D ✓



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

EMMA E. THOMPSON

2. DATE
OF
DEATH

MARCH 17, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1730 N. MILTON AVE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto. 8-02

D. STREET ADDRESS (If rural, give location)

1730 N. Milton Ave

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

About 69

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry Miller

14. MOTHER'S MAIDEN NAME

Mary Kline

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Isabel Craig Cheshire Conn.

18. 4221

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) disease

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Dunbar M.D.

23B. CHIEF MEDICAL EXAMINER.....☐
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

May 15, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3/21/51

Louisa Park

Balto Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

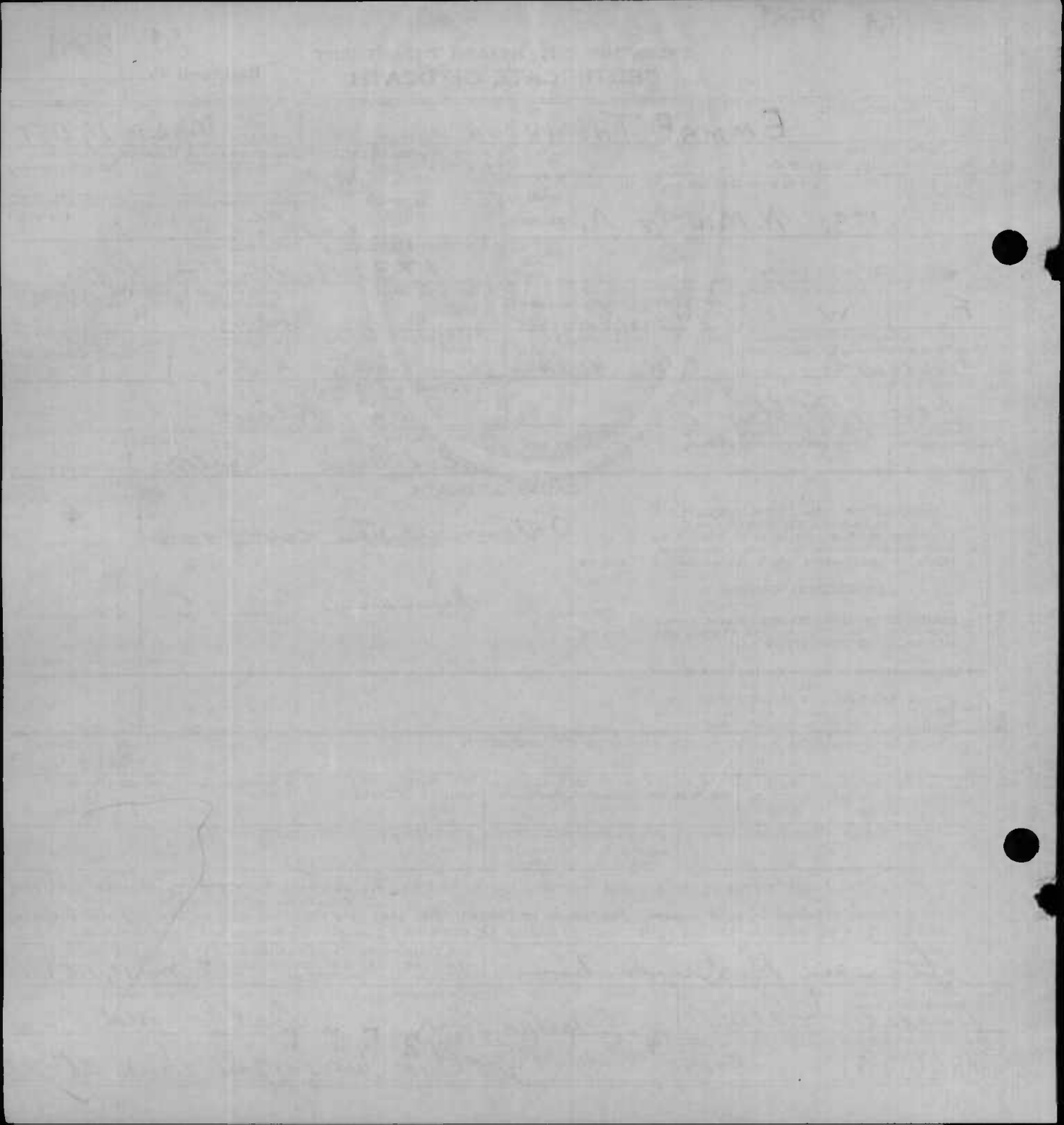
25. FUNERAL DIRECTOR

ADDRESS

MAR 20 1951

Wm Cook Inc. 1217 St. Paul St

93D



PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-350

51 2582

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2582

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Calvert F. Stein

2. DATE OF DEATH *3/17/51*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution location)

*23rd St. Paul St.
Dr. Beck's Hospital*

c. Length of stay in Baltimore
Yrs. _____
Mos. _____
Days _____

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Attorney - State No. Dept.

10B. KIND OF BUSINESS OR INDUSTRY

State of Md.

13. FATHER'S NAME

Chas. H. Stein

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

100-23rd St. Paul St.

18. *332X I*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) *Hemiplegia R+side*

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

1 week

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Generalized arteriosclerosis*

DUE TO

Indefinite

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Cerebral Thrombosis -

1 1/2 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1930* to *Mar 17, 1951* that I last saw the deceased alive on *Mar 17, 1951* and that death occurred at *17:50 PM*, from the causes and on the date stated above.

23A. SIGNATURE

Dr. Beck

M. D.

23B. ADDRESS

100 E. 23rd St. Bk. Hnd

23C. DATE SIGNED

Mar 19-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/20/51

24C. NAME OF CEMETERY OR CREMATORY

Lorraine

24D. LOCATION (City, town, or county)

Woodlawn, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

Mar 20 1951

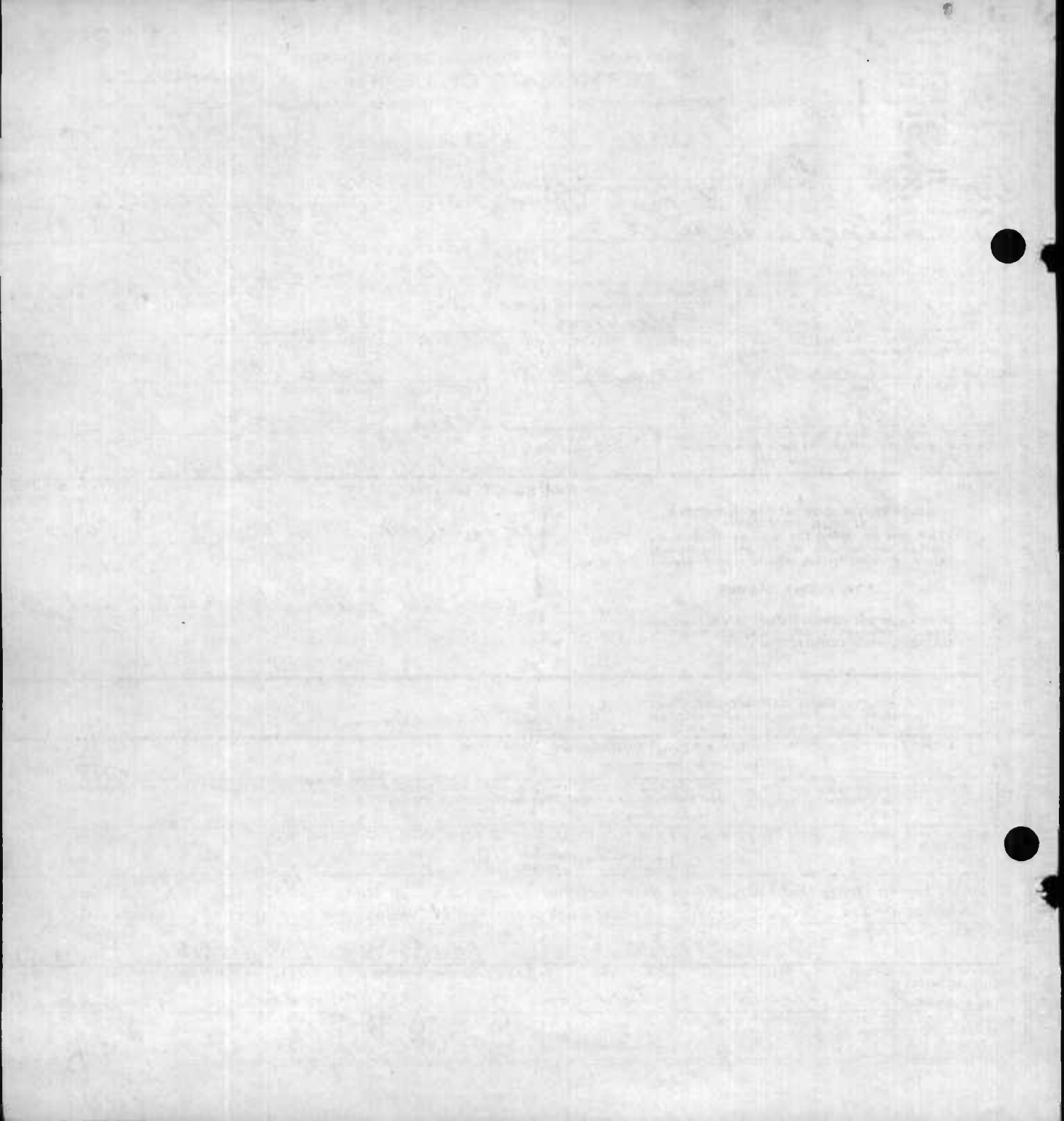
REGISTRAR'S SIGNATURE

Dr. Beck

25. FUNERAL DIRECTOR

Wm. Beck Inc. 1217 St. Paul St.

ADDRESS

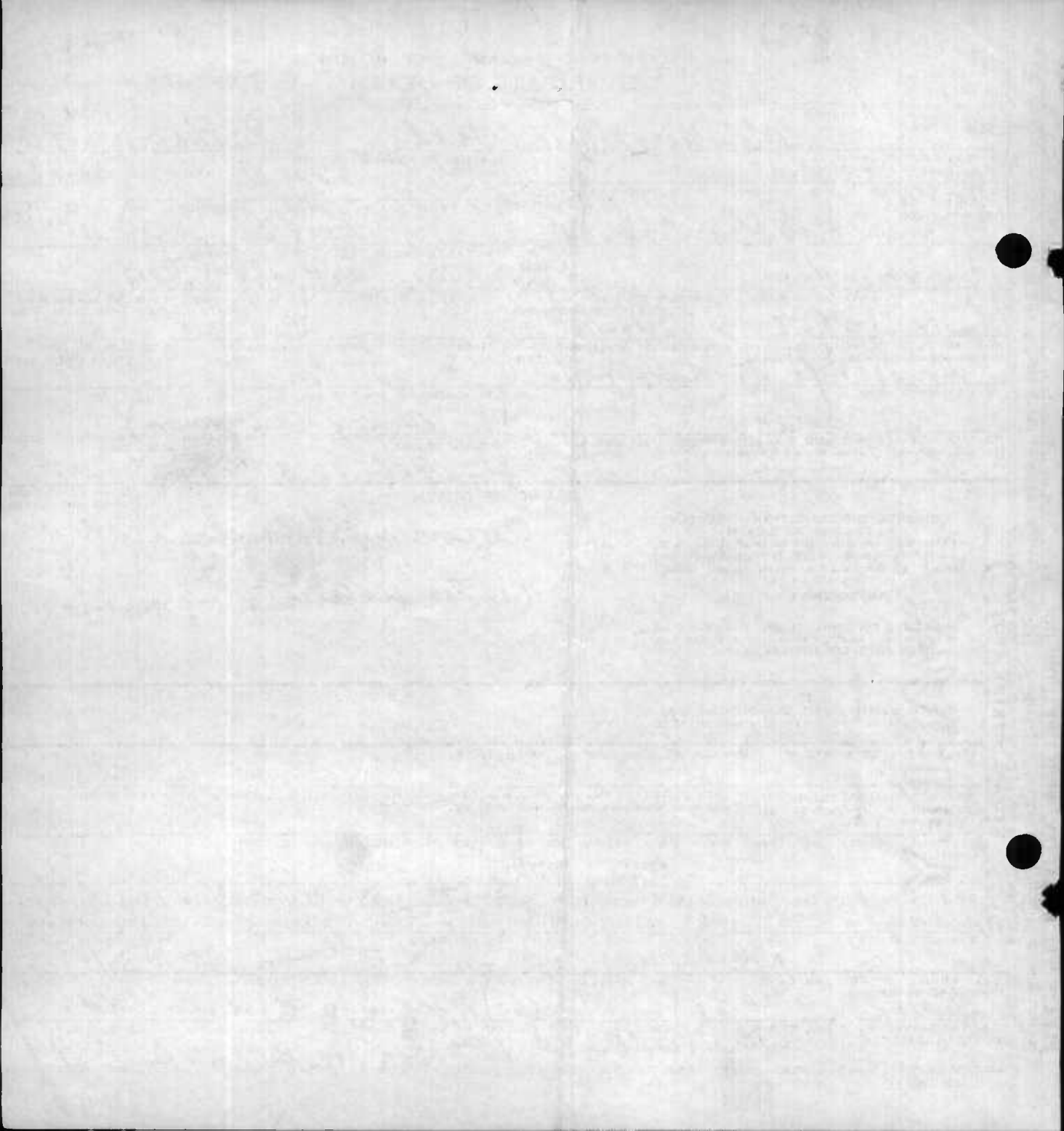


PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. _____	
BIRTH NO. _____				51 2583	
1. NAME OF DECEASED (Type or Print) <i>Minnie May Wells</i>			2. DATE OF DEATH <i>3/16/51 2:05 PM</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>MD</i> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>1013 Wilmoth Court</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto 10-52</i>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <i>1013 Wilmoth Court Wilmot</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>About 76</i>		9. AGE (In years last birthday) <i>About 76</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>	11. BIRTHPLACE (State or foreign country) <i>Mo.</i>		12. CITIZEN OF WHAT COUNTRY? _____
13. FATHER'S NAME <i>Wm Swann</i>			14. MOTHER'S MAIDEN NAME <i>Nancy (Unknown)</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. _____	17. INFORMANT ADDRESS <i>Wm Wells 1013 Wilmoth Court</i>		
18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH (A) <i>Coronary Thrombosis</i> DUE TO (B) <i>Arteriosclerosis - generalized</i> DUE TO (C) _____		INTERVAL BETWEEN ONSET AND DEATH <i>1 day</i>
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Sept 1950</i> to <i>March 16, 1951</i> , that I last saw the deceased alive on <i>Oct 1950</i> , and that death occurred at <i>2:50 PM</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>L. F. Kilmer</i>		23B. ADDRESS <i>2623 E. Mon. St</i>		23C. DATE SIGNED <i>3/19/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3/20/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Cedar Hill & A. A. Co. Md.</i>	
24D. LOCATION (City, town, or county) (State) _____		DATE RECEIVED BY LOCAL REGISTRAR _____		REGISTRAR'S SIGNATURE <i>Wm. Cook Inc.</i>	
25. FUNERAL DIRECTOR <i>Wm. Cook Inc.</i>		ADDRESS <i>1217 St. Paul St.</i>		_____	

MAR 20 1951

94a



516

51 2584

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2584

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George Wm Pemberton

2. DATE
OF
DEATH

3/18/51 12:30 a.m.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

406 E. 25th St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

406 E. 25th St.

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

B. DATE OF BIRTH

2/9/1875

9. AGE (in years last birthday)

76

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Plumbing

11. BIRTHPLACE (State or foreign country)

Pa

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Geo. D. Pemberton

14. MOTHER'S MAIDEN NAME

Wilhelmina (Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

Yes Spanish American 215-24-0139

16. SOCIAL SECURITY NO.

215-24-0139

17. INFORMANT

Marie M. Pemberton 406 E. 25th St.

ADDRESS

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, assthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) Uremia

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

3 mo?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B) Chronic Pyelonephritis?

DUE TO

(C) ? Pericarditis

year

2 years

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

? Carcinoma of stomach

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2/20, 1951, to 3/17, 1951, that I last saw the deceased alive on 3/17, 1951, and that death occurred at 12:45 Am., from the causes and on the date stated above.

23A. SIGNATURE

Peng F. Fetterman, M.D.

M. D.

23B. ADDRESS

2 E. Read St

23C. DATE SIGNED

3/19/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/21/51

24C. NAME OF CEMETERY OR CREMATORY

U. S. National

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 20 1951

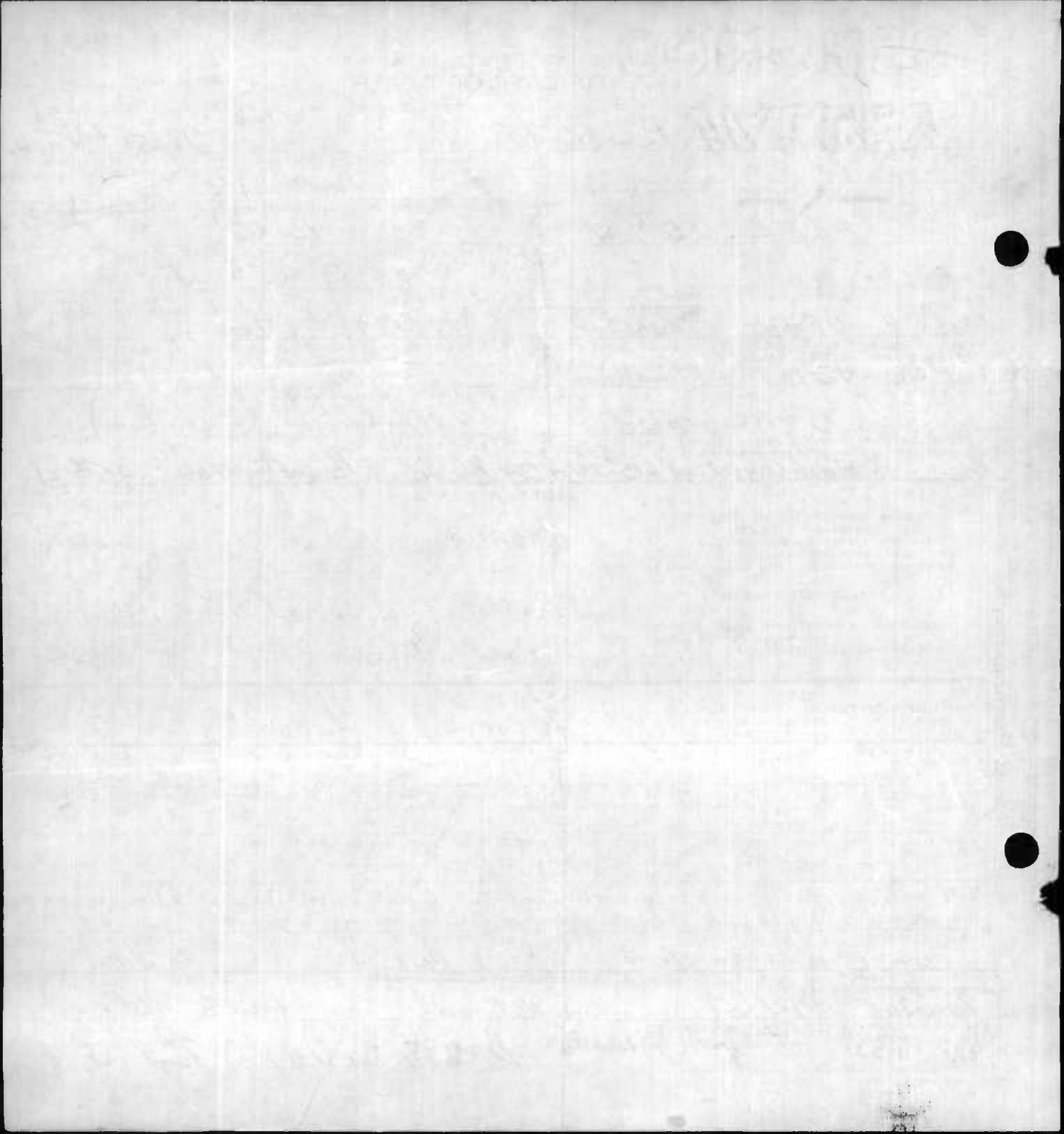
REGISTRAR'S SIGNATURE

Wm. J. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Williams, M.D. 1217 St. Paul St.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alfred Roland TUCKER

2. DATE
OF
DEATH

March 19, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF ☐ If not in hospital or institution, give street address or location

Johns Hopkins Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Jan. 8, 1905

9. AGE (In years
last birthday)

46

If Under 1 Year
Months Days

If Under 24 Hours
Hours Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Supt. Transportation

10B. KIND OF BUSINESS OR
INDUSTRY

Ready Mixed Concrete

13. FATHER'S NAME

C. Edwin Tucker

14. MOTHER'S MAIDEN NAME

May Pyle

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

162-09-3153

17. INFORMANT

ADDRESS

Mrs. Lula H. Tucker -1334 Pentwood Rd.

18. E973.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Asphyxia due to carbon monoxide poisoning

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE, (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

Garage

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

Arundel Brooks Corporation-901 S. Wolfe

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

March ?, 1951 ? m.

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK ☒ AT WORK ☐

21F. HOW DID INJURY OCCUR?

Hose attached to exhaust of car into mo-
Asphyxia due to illuminating gas with

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐ homicide ☒, undetermined ☐.

23A. SIGNATURE

William V. ...

23B. CHIEF MEDICAL EXAMINER ☐
ASSISTANT MEDICAL EXAMINER ☒
M.D. MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

March 19, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/21/51

24C. NAME OF CEMETERY OR CREMATORY

Centre Cem.

24D. LOCATION (City, town, or county)

Forest Hill, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

1951 00

25. FUNERAL DIRECTOR

Mr. J. J. Dickens & Sons

ADDRESS

VS 151

N-968.0

290 24

163M

John Boyle

could not be determined

which was used

motor exhaust gas

or
illuminating gas ?

See Document File 51-2585

4/3/51

ES

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2586

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2586

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRY A. SCHULTZ

2. DATE
OF
DEATH

3/19/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Lutheran Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2127 Lyndhurst Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

May 5, 1868

9. AGE (In years
last birthday)

82

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Supt.

10B. KIND OF BUSINESS OR
INDUSTRY

Ft. McHenry

11. BIRTHPLACE (State or foreign country)

W. Va.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Henry F. Schultz

14. MOTHER'S MAIDEN NAME

Anna Roper

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. W. Stuart Kernan - 2127 Lyndhurst Av.

18. 420-1-1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Acute myocardial infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 3/18, 1951, to 3/19, 1951, that I last saw the deceased alive on 3/19, 1951, and that death occurred at 11:10 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Jerome Gaber

M. D.

23B. ADDRESS

Lutheran Hosp

23C. DATE SIGNED

3/19/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/22/51

24C. NAME OF CEMETERY OR CREMATORY

Louisa Park Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 20 1951

REGISTRAR'S SIGNATURE

William H. Williams

25. FUNERAL DIRECTOR

Wm. J. Pickner & Sons - Balt.

ADDRESS

94a and

REPUBLIC OF THE PHILIPPINES
DEPARTMENT OF HEALTH
BUREAU OF PREVENTIVE MEDICINE
OFFICE OF THE ASSISTANT SECRETARY
FOR PREVENTIVE MEDICINE
MANILA

RECEIVED
JAN 10 1963
OFFICE OF THE ASSISTANT SECRETARY
FOR PREVENTIVE MEDICINE
MANILA

TO: THE DIRECTOR, BUREAU OF PREVENTIVE MEDICINE
FROM: THE ASSISTANT SECRETARY, BUREAU OF PREVENTIVE MEDICINE
SUBJECT: [Illegible]

DATE: [Illegible]

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH F. CROUSE

2. DATE
OF
DEATH

3-17-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Sinai Hosp.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Oct. 19, 1893

9. AGE (in years last birthday)

57

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

foreman

10B. KIND OF BUSINESS OR INDUSTRY

Street Paving

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John M. Crouse

14. MOTHER'S MAIDEN NAME

Sophie

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
217-01-2394

17. INFORMANT

ADDRESS

Mrs. Anna L. Crouse - 4002 Belvieu Ave.

18. 470.1 I -

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Myocardial infarction

DUE TO

Pulmonary edema

(B)

Multiple Emboli

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3-10 1951 to 3-17, 1951 that I last saw the deceased alive on 3-17, 1951, and that death occurred at 7:40 pm., from the causes and on the date stated above.

23A. SIGNATURE

Henry C. Stofman

23B. ADDRESS

Seneca Hospital

23C. DATE SIGNED

3-17-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/21/51

24C. NAME OF CEMETERY OR CREMATORY

St. Peters Cem.

24D. LOCATION (City, town, or county) (State)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Therese M. Williams

25. FUNERAL DIRECTOR

26. ADDRESS

27. ADDRESS

MAR 20 1951

523 24

94a

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

N-634

51 2588

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2588

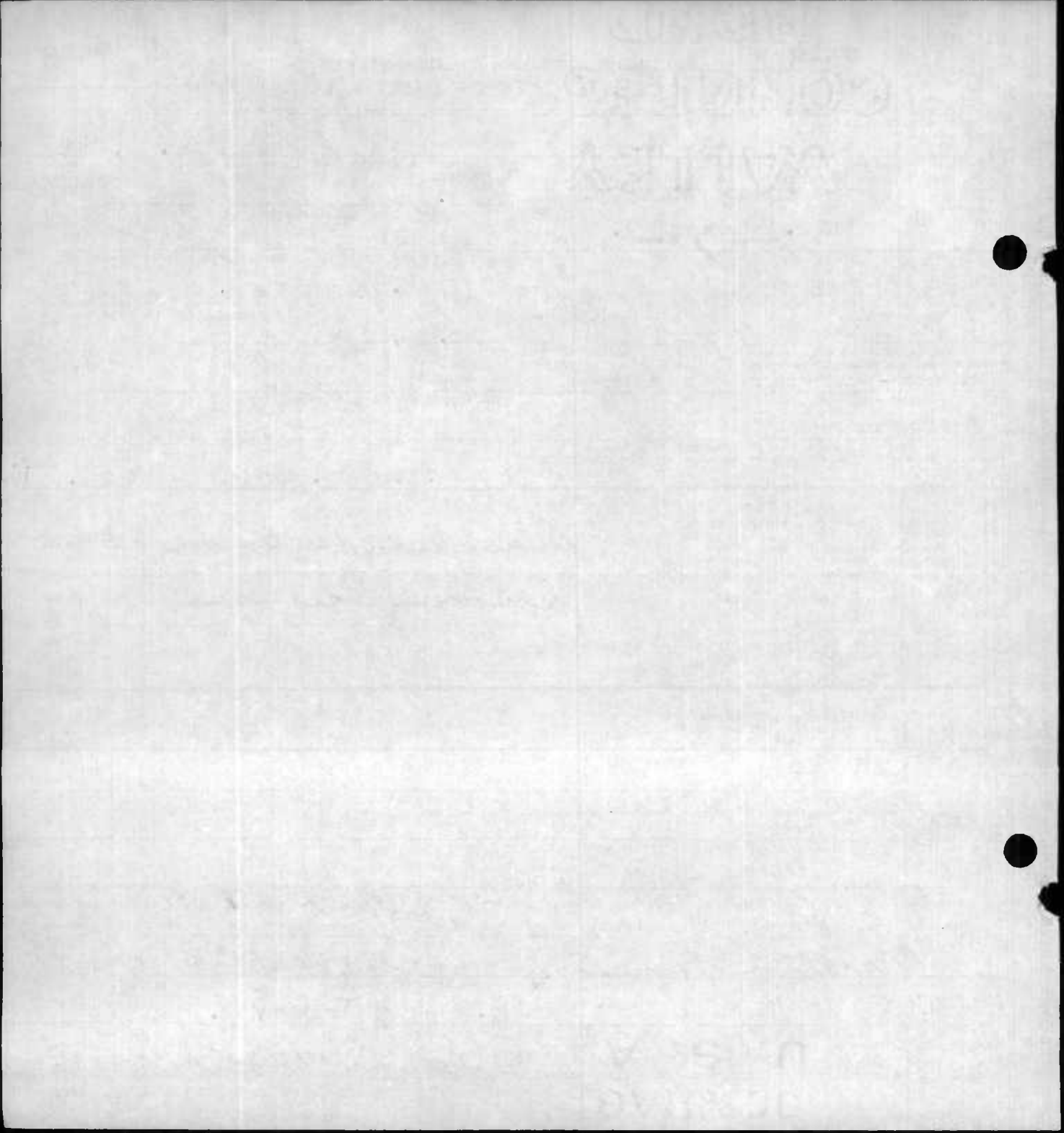
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) CHARLES A. WORSDELL		2. DATE OF DEATH Mar. 17, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Md. B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2619 E. Fairmount Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-02	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		D. STREET ADDRESS (If rural, give location) 2619 E. Fairmount Ave.	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 19, 1884
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter - Contractor		9. AGE (In years last birthday) 67	
10B. KIND OF BUSINESS OR INDUSTRY Own Business		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME William Worsdell		12. CITIZEN OF WHAT COUNTRY? _____	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT Mrs. Bertha S. Worsdell		ADDRESS mount Ave. - 2619 E. Fair-	

18. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Anteriorly Healed Artery DUE TO Coronary Occlusion INTERVAL BETWEEN ONSET AND DEATH 5 yrs. 1 day	CAUSE OF DEATH (A) _____ (B) _____ (C) _____
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. _____	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR? _____	
22. I hereby certify that I attended the deceased from Jan 1 19 45 , to March 17 , 19 51 , that I last saw the deceased alive on March 12, 1951 and that death occurred at 10:15 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE Walter E. Luma		23B. ADDRESS 4843 Park Heights Ave		23C. DATE SIGNED 3-19-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/21/51		24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.	
24D. LOCATION (City, town, or county) (State) Woodlawn, Md.		24E. NAME OF CEMETERY OR CREMATORY Woodlawn, Md.		24F. LOCATION (City, town, or county) (State) Woodlawn, Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 20 1951		REGISTRAR'S SIGNATURE Wm. J. Dickens & Sons - Balto		25. FUNERAL DIRECTOR Wm. J. Dickens & Sons - Balto	
VS 150		56424		937 Md.	



51 2589

H 630

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2589

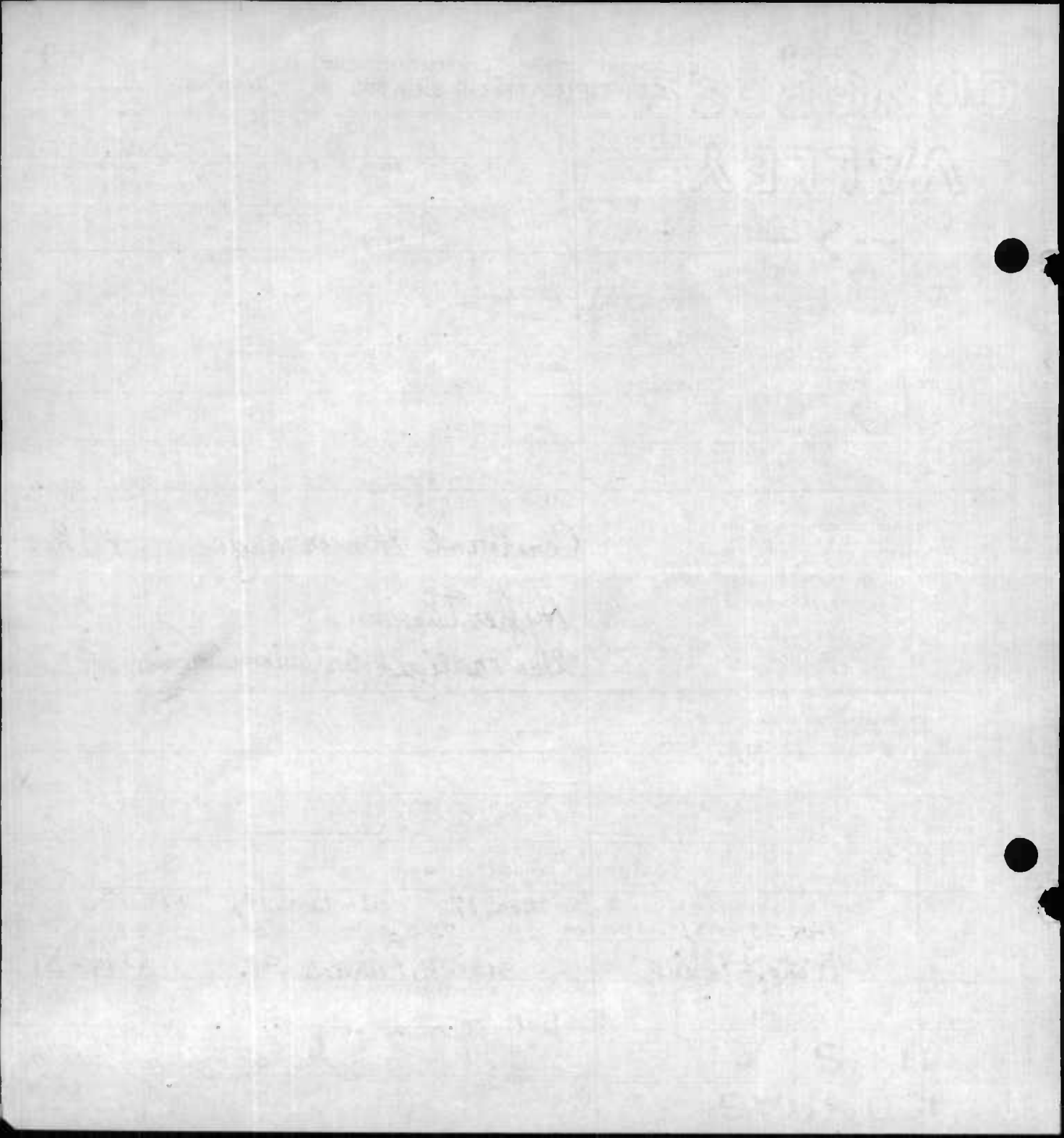
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) KATHARINE HARDY			2. DATE OF DEATH March 19, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY _____		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE 3435 Piedmont Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) 3435 Piedmont Ave.		
5. SEX female	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Dec. 27, 1887	9. AGE (In years last birthday) 63	10. Under 1 Year Months: _____ Days: _____ 10. Under 24 Hours Hours: _____ Min: _____
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office Supervisor			10B. KIND OF BUSINESS OR INDUSTRY Insurance		
11. BIRTHPLACE (State or foreign country) Maryland			12. CITIZEN OF WHAT COUNTRY? _____		
13. FATHER'S NAME Charles Mark Hardy			14. MOTHER'S MAIDEN NAME Katie Severson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) _____			16. SOCIAL SECURITY NO. 213-10-8939		
17. INFORMANT Miss Gertrude Hardy - 3435 Piedmont Ave.			ADDRESS _____		

18. 331X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral Hemorrhage DUE TO (A) _____ (B) Hypertension (C) Generalized Arteriosclerosis	INTERVAL BETWEEN ONSET AND DEATH 48 hrs ? ?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. _____	

19A. DATE OF OPERATION _____	19B. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR? _____
22. I hereby certify that I attended the deceased from Mar. 17, 1951 to Mar. 19, 1951 , that I last saw the deceased alive on Mar. 19, 1951 , and that death occurred at 7:55 a. m. from the causes and on the date stated above.		
23A. SIGNATURE Robert H. Hine	23B. ADDRESS M. D. 3105 N. Charles St.	23C. DATE SIGNED 3-19-51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/21/51	24C. NAME OF CEMETERY OR CREMATORY Landon Park Cem.
24D. LOCATION (City, town, or county) (State) Balto., Md.	25. FUNERAL DIRECTOR Wm. J. Richter & Sons - Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR _____	REGISTRAR'S SIGNATURE _____	



3.12.21

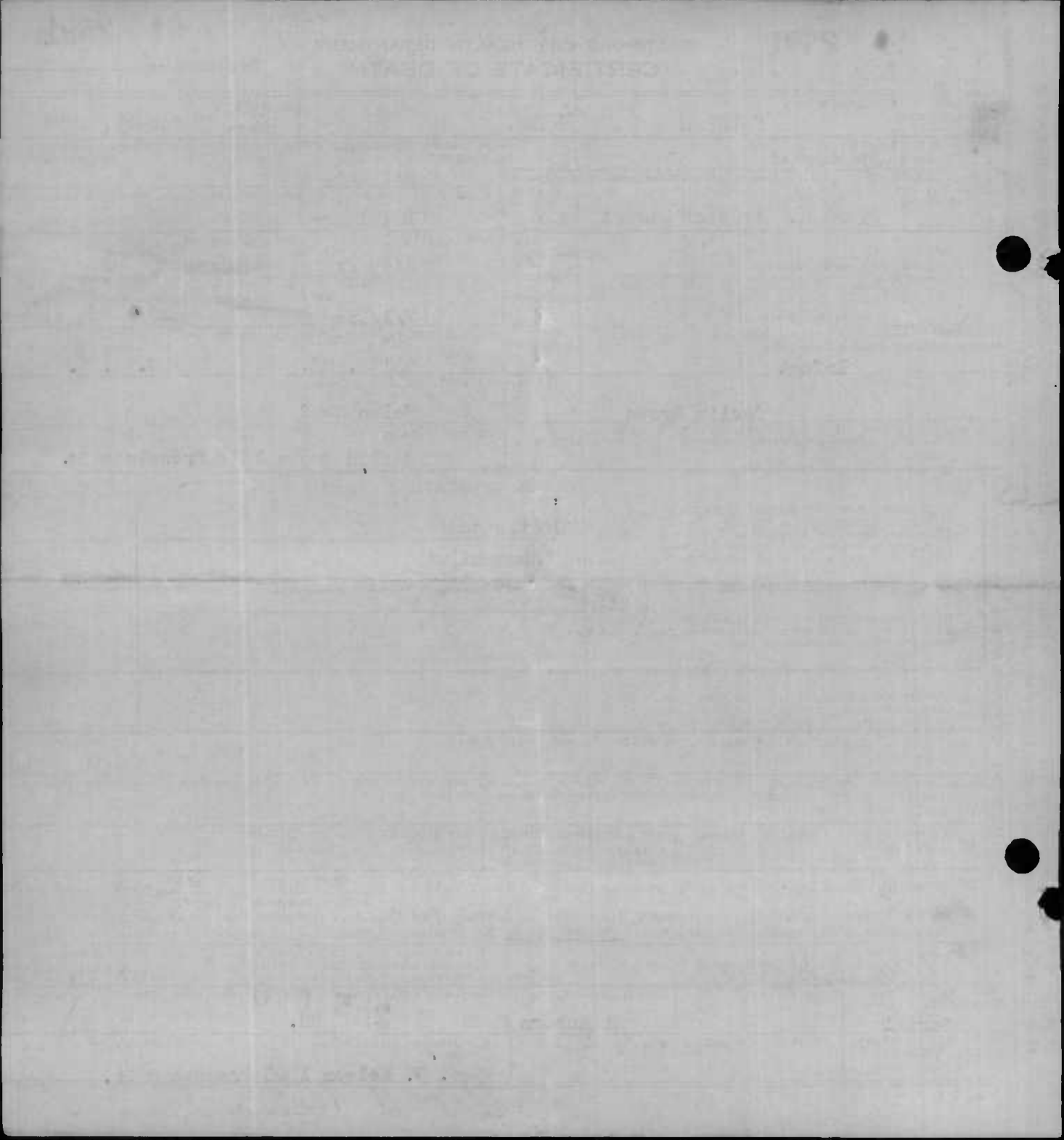
Walter Webb

14/6/2020

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

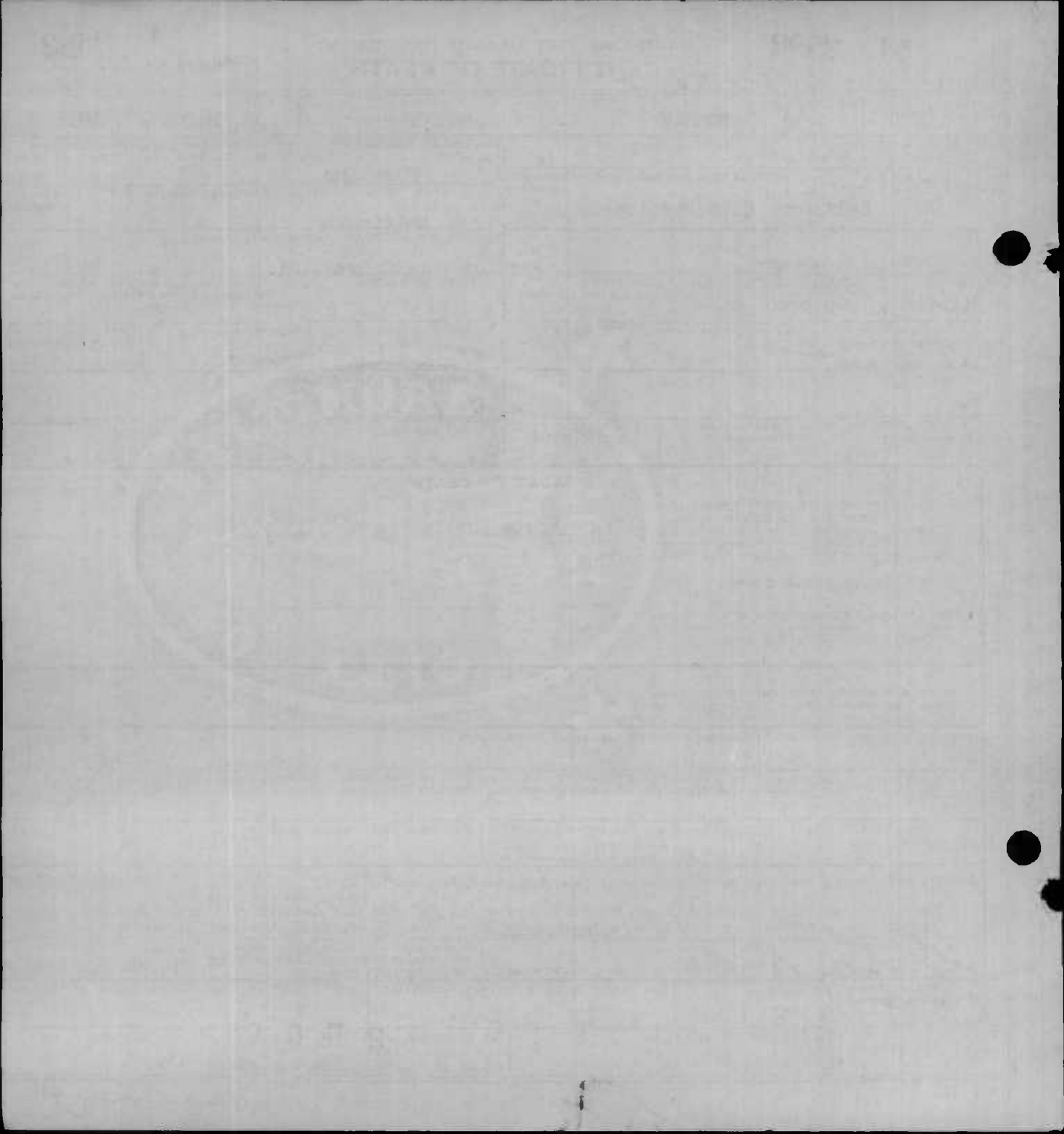
MEDICAL CERTIFICATION

51 2591		BALTIMORE CITY HEALTH DEPARTMENT		51 2591	
BIRTH NO. <u>B65049-13687</u>		CERTIFICATE OF DEATH		Registered No. _____	
1. NAME OF DECEASED (Type or Print) CORNELL BROWN			2. DATE OF DEATH March 19, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY _____		
B. FULL NAME OF _____ If not in hospital or institution, give street address or location) 1029 N. Stricker Street			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 1419 Presstman Street 15-01			5. SEX Male		
6. COLOR OR RACE Colored			7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME Carlin Brown			14. MOTHER'S MAIDEN NAME Helen Wood		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Carlin Brown			ADDRESS 1409 Presstman St.		
18. 371.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Otitis media DUE TO hemophilus ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)					
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		
21F. HOW DID INJURY OCCUR?					
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William V. Smith			23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		
23C. DATE SIGNED March 19, 1951					
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE		
24C. NAME OF CEMETERY OR CREMATORY Mt Auburn			24D. LOCATION (City, town, or county) (State) 2 5 8 0 Md.		
DATE RECEIVED BY LOCAL REGISTRAR			REGISTRAR'S SIGNATURE Geo. G. Kelson		
25. FUNERAL DIRECTOR Geo. G. Kelson			ADDRESS 1303 Presstman St.		
VS 151 Geo. G. Kelson 89a					



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2592		BALTIMORE CITY HEALTH DEPARTMENT		51 2592	
BIRTH NO. <u>S435 50-27186</u>		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print) NORMAN E. SHELDON			2. DATE OF DEATH March 17, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 1420 Bruce St. 15-02		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH 12/15/51	9. AGE (In years last birthday) 3	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant			11. BIRTHPLACE (State or foreign country) Balto. Md		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13. FATHER'S NAME Melvin Day			14. MOTHER'S MAIDEN NAME Doris Sheldon		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Sarah Weldon			ADDRESS 1420 N. Bruce St.		
18. 340.3 CAUSE OF DEATH					INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Acute purulent meningitis DUE TO					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO					
(C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley H. Surlescher M.D.		23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED March 19, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/21/51		24C. NAME OF CEMETERY OR CREMATORY mt Auburn	
24D. LOCATION (City, town, or county) (State) Baltimore Md		25. FUNERAL DIRECTOR Geo. H. Nelson		ADDRESS 1303 81a Presstman St	



51 2593

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2593

Registered No.

BIRTH NO. J 200

1. NAME OF DECEASED
(Type or Print)

Emma Jews.

2. DATE
OF
DEATH

March 16, 1951.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1309 W. Mulberry St.

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife.

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

James Young.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or ootooow)

16. SOCIAL
SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1309 W. Mulberry St. 1901

8. DATE OF BIRTH

January 28, 1878/80

9. AGE (In years, last birthday)

Months: Days: Hours: Min.

11. BIRTHPLACE (State or foreign country)

Cambridge, Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

Caroline Wilson.

17. INFORMANT

ADDRESS

Lena Sassetta. 1309 W. Mulberry St.

18. 490X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) ...
DUE TO

Heart Thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ...
DUE TO
(C) ...

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/13 1951, to 3/16 1951, that I last saw the
deceased alive on 3/16 1951, and that death occurred at 3:20 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Charles W. Beckley, M.D.

23B. ADDRESS

1115 N. Gilmor St.

23C. DATE SIGNED

3/19/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

March 20, 1951.

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Memorial

24D. LOCATION (City, town, or county)

Arbutus, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

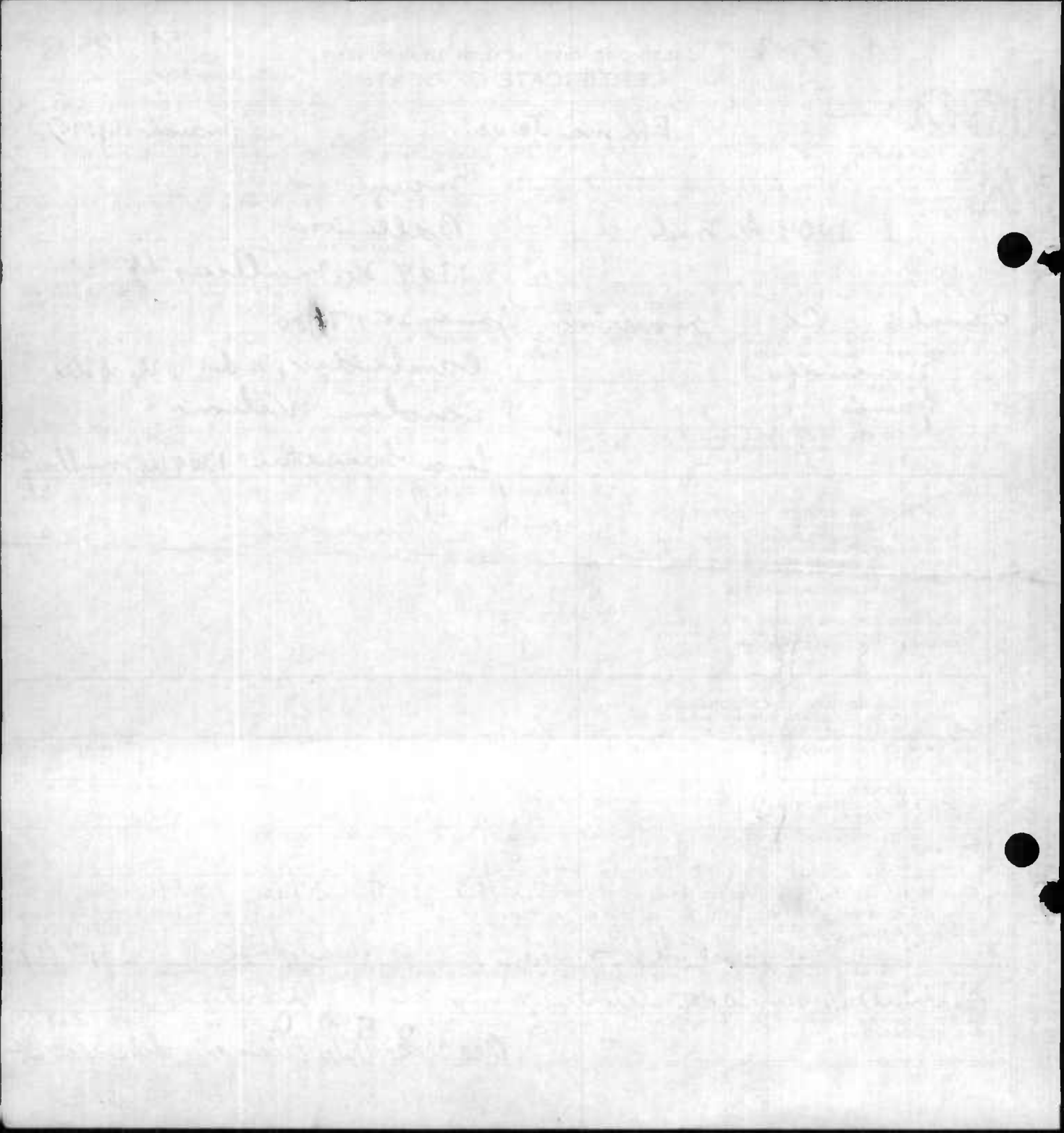
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

Mrs. Katie R. Williams

ADDRESS

322 N. Schermer St.



51 2594

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2594

Registered No.

BIRTH NO. *M-633*

1. NAME OF DECEASED (Type or Print) <i>Ambrose J. Meredith.</i>		2. DATE OF DEATH <i>March 16, 1957.</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>707 W. Lafayette Ave.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>707 W. Lafayette Ave. 17-03</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widower</i>	8. DATE OF BIRTH <i>October 1, 1893.</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Labourer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>CONSTRUCTION</i>	9. AGE (In years last birthday) <i>57</i>
13. FATHER'S NAME <i>John Meredith.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Hazel Whittico.</i>		ADDRESS <i>707 W. Lafayette</i>	

CAUSE OF DEATH

18. *442X I*

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) *Cerebral Hemorrhage*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Hypertension*

DUE TO

(C) *Cardiovascular*

Renal Disease

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>1-3</i> , 19 <i>57</i> , to <i>-3-16</i> , 19 <i>57</i> , that I last saw the deceased alive on <i>3-16</i> , 19 <i>57</i> , and that death occurred at <i>7:05</i> p. m., from the causes and on the date stated above.					
23A. SIGNATURE <i>M. D.</i>		23B. ADDRESS <i>833 N. Fremont Ave.</i>		23C. DATE SIGNED <i>3-19-57</i>	

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Mar 20, 1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Arbutus Memorial</i>	24D. LOCATION (City, town, or county) (State) <i>Arbutus Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE <i>510</i>	25. FUNERAL DIRECTOR <i>Mr. Katie R. Williams</i>	ADDRESS <i>Schuman St.</i>

97024

131a

[Faint, illegible handwriting throughout the page]

51 2595

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2595

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Mary Crawford

2. DATE
OF
DEATH

3-18-51

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

Univ Hosp

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto

D. STREET ADDRESS (If rural, give location)

567 W. Hoffman St

c. Length of stay in Baltimore

40

5. SEX

F

6. COLOR OR RACE

N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

1901

9. AGE (in years
last birthday)

50

Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

DOMESTIC

10B. KIND OF BUSINESS OR
INDUSTRY

PRIVATE FAMILY

11. BIRTHPLACE (State or foreign country)

WASHINGTON, D. C

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

JOSEPH

BUTLER

14. MOTHER'S MAIDEN NAME

MARY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JNO. BUTLER - 927 N. CHAPEL ST.

18.

44XX I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Uremia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DOE TO

(B)

Hypertensive cardiovascular
renal disease & anemia

DOE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

22. I hereby certify that I attended the deceased from 3-14, 1951, to 3-18, 1951, that I last saw the
deceased alive on 3-18, 1951, and that death occurred at 6:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Virginia Huff

23B. ADDRESS

U. Hospital

23C. DATE SIGNED

3-18-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

3/22/51

MT. AUBURN

BALTIMORE, MD.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

1951

25. FUNERAL DIRECTOR

ADDRESS

Wm. A. JACKSON - 916 PENNA. AVE.

August 11

August 11

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

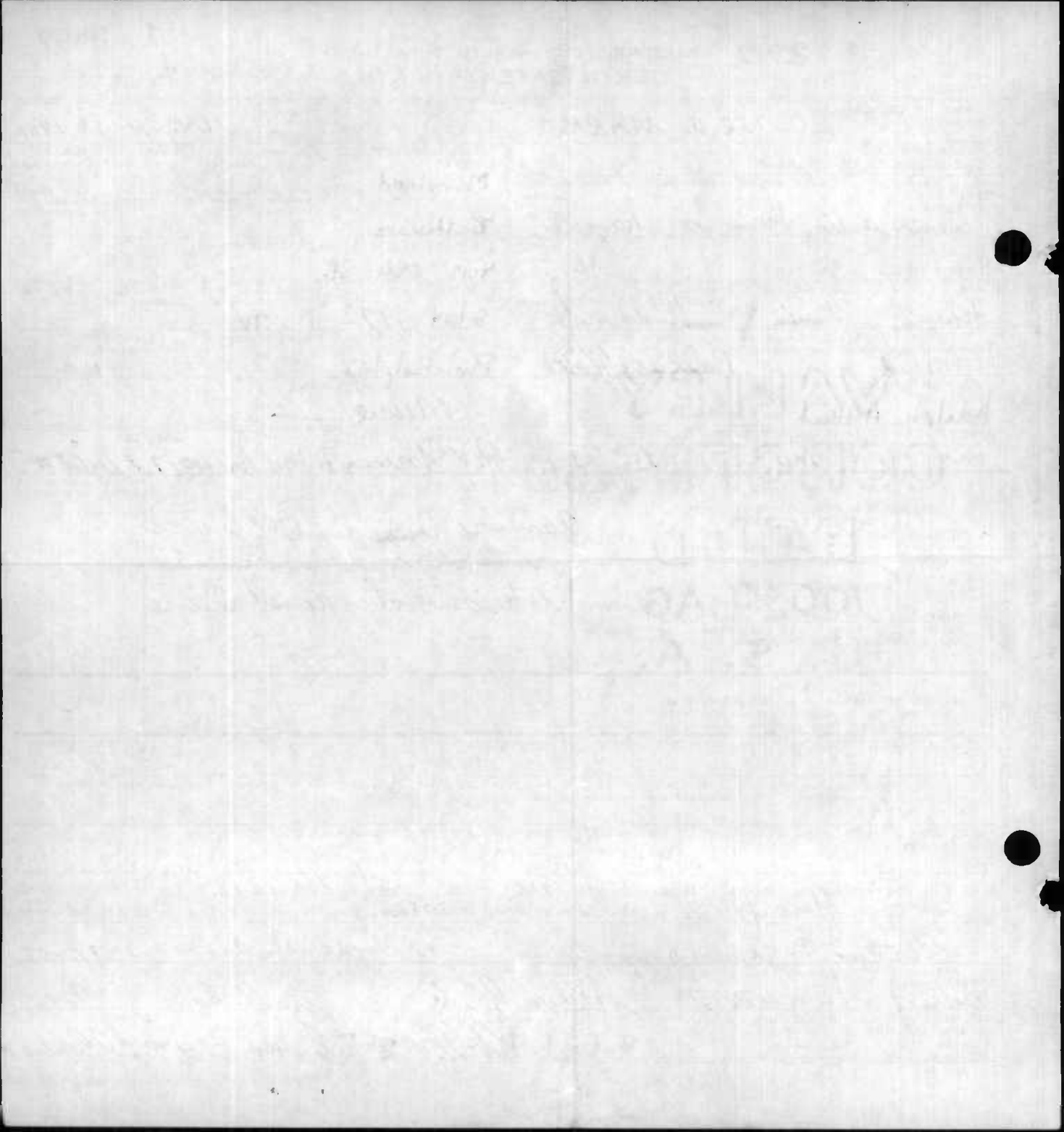
51 2586
Registered No. 51 2586

BIRTH NO. S 530

1. NAME OF DECEASED (Type or Print) MARY SMITH		2. DATE OF DEATH 3-17-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION PROVIDENT HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE	
c. Length of stay in Baltimore LIFE		D. STREET ADDRESS (If rural, give location) 1029 BRANTLEY AVE. 16-01	
5. SEX FEMALE	6. COLOR OR RACE NEGRO	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 3-14-18
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY Bot. family	9. AGE (In years last birthday) 73
11. BIRTHPLACE (State or foreign country) M. Mary C. Md.		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME CHARLES H. BUTLER		14. MOTHER'S MAIDEN NAME ISABELLE BENNETT	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) NO		16. SOCIAL SECURITY NO.	
17. INFORMANT HENRIETTA COOK		ADDRESS (SAME)	
18. 442X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CEREBRAL THROMBOSIS DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. HYPERTENSIVE C.V. DISEASE DUE TO DIABETES MELLITUS		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-22, 1951 , to 3-17, 1951 , that I last saw the deceased alive on 3-17, 1951 , and that death occurred at 4:45 p. m. , from the causes and on the date stated above.			
23A. SIGNATURE J. L. Pichney		23B. ADDRESS Provident Hosp	
23C. DATE SIGNED 3-17-51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/21/1951	
24C. NAME OF CEMETERY OR CREMATORY St. Luke		24D. LOCATION (City, town, or county) (State) Baltimore	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE 95-1	
		25. FUNERAL DIRECTOR Ballantyne Funeral Home	
		ADDRESS 1601 Smith Hill Ave	

PLEASE PRINT CLEARLY, WITH UNFADING INK. Every item of information should be written legibly. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2597			BALTIMORE CITY HEALTH DEPARTMENT		51 2597	
BIRTH NO. <i>M-622</i>			CERTIFICATE OF DEATH		Registered No. _____	
1. NAME OF DECEASED (Type or Print) <i>LOUISE A. MARKS</i>			2. DATE OF DEATH <i>MARCH 19, 1951</i>			
3. PLACE OF DEATH: a. Baltimore City, Maryland ✓			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____			
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>South Balto. General Hospital</i>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>			
c. Length of stay in Baltimore <i>Life</i>			d. STREET ADDRESS (If rural, give location) <i>4017 8th St. 25-04</i>			
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>8/24, 1872</i>		9. AGE (In years last birthday) <i>78</i>	10. Under 1 Year Months: Days: Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Maid</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Belvedere Hotel</i>		11. BIRTHPLACE (State or foreign country) <i>Philadelphia</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>Adolph Anbach</i>			14. MOTHER'S MAIDEN NAME <i>Marie</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>		16. SOCIAL SECURITY NO. <i>215-03-119</i>		17. INFORMANT ADDRESS <i>Rev Norman D Marks 4017 8th St</i>		
18. <i>420.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONOITION CAUSING IT.			CAUSE OF DEATH (A) <i>Anterior Coronary Occlusion with Myocardial Infarction</i> DUE TO (B) <i>Arteriosclerotic Heart Disease</i> DUE TO (C) _____			
19a. DATE OF OPERATION <i>2</i>			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>Feb. 24</i> , 19 <i>51</i> , to <i>March 19</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>March 19</i> , 19 <i>51</i> , and that death occurred at <i>7:25 a.m.</i> , from the causes and on the date stated above.						
23a. SIGNATURE <i>Harold C. Wassermann M. D.</i>			23b. ADDRESS <i>1213 Light St., Balto.</i>		23c. DATE SIGNED <i>3-19-51</i>	
24a. BURIAL, CREMA- TION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>March 22, 1951</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Bedon Hill</i>		24d. LOCATION (City, town, or county) (State) <i>A. A. Co. no</i>
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE <i>1951</i>		25. FUNERAL DIRECTOR <i>St. Francis Evans</i>		ADDRESS <i>1400 N. Charles</i>



PLEASE WRITE CLEARLY, MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

1 2598
Registered No.

F. 626
51 2598
BIRTH NO.

1. NAME OF DECEASED (Type or Print)		LOUIS FRAZIER		2. DATE OF DEATH March 16, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN Baltimore		D. STREET ADDRESS (if rural, give location) 310 S. Fremont Avenue 21-01	
5. SEX Male		6. COLOR OR RACE Colored		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH June 10, 1920		9. AGE (in years last birthday) 30		10. BIRTHPLACE (State or foreign country) Elliville, Georgia	
11. BIRTHPLACE (State or foreign country) Elliville, Georgia		12. CITIZEN OF WHAT COUNTRY?			
13. FATHER'S NAME Floyd Frazier		14. MOTHER'S MAIDEN NAME Ella Pail		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	
16. SOCIAL SECURITY NO. 253-14-6285		17. INFORMANT ADDRESS Cal Black-540 Brom Hall Ave. N. J.			
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pulmonary tuberculosis		CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO		INTERVAL BETWEEN ONSET AND DEATH	
19. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. F. Fisher		23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>		23C. DATE SIGNED March 17, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-21-51		24C. NAME OF CEMETERY OR CREMATORY Elliville Georgia	
24D. LOCATION (City, town, or county) Georgia		24E. GENERAL DIRECTOR W. B. Spriggs		24F. ADDRESS 139 W. Hamley St.	

51 2599

51 2599

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

L-500

1. NAME OF DECEASED
(Type or Print)

George Lane

2. DATE
OF
DEATH

March 17, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

866 Pierce St.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

702 W. Franklin St. 17-03

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 8, 1908

9. AGE (In years
last birthday)

42

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Frank Lane

14. MOTHER'S MAIDEN NAME

Alverta Davage

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

M's Alverta Campbell 847 Harlem Av.

18.

4200 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Antemortem Heart Disease?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 11:00, 1951, to 3/17/51, that I last saw the
deceased alive on 3/16/51, 1951, and that death occurred at 5:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-21-51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 20 1951

MAR 20 1951 2505 11 W. Frances A. Hemmick 518 W. Biddle St.

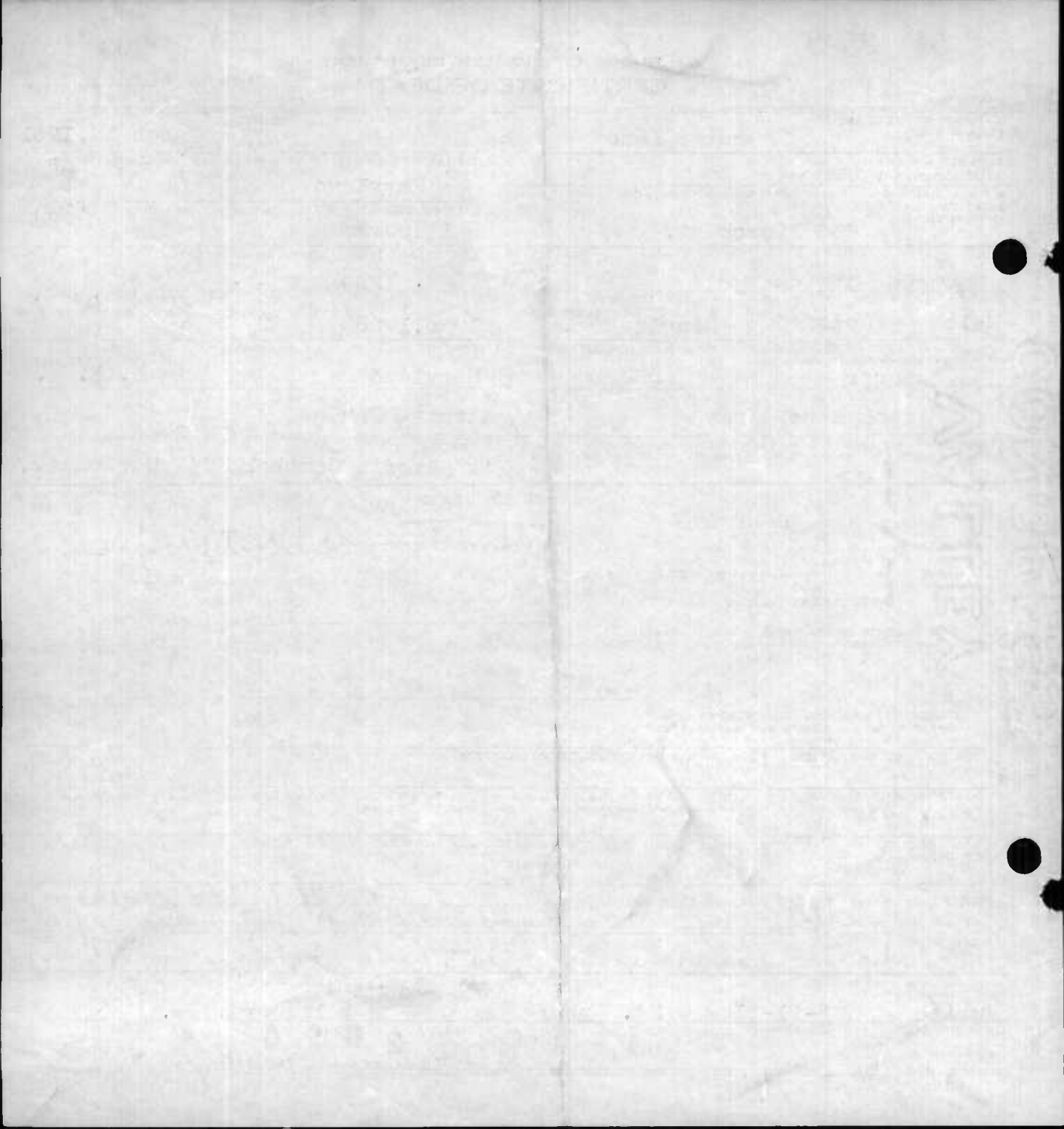
VS 150

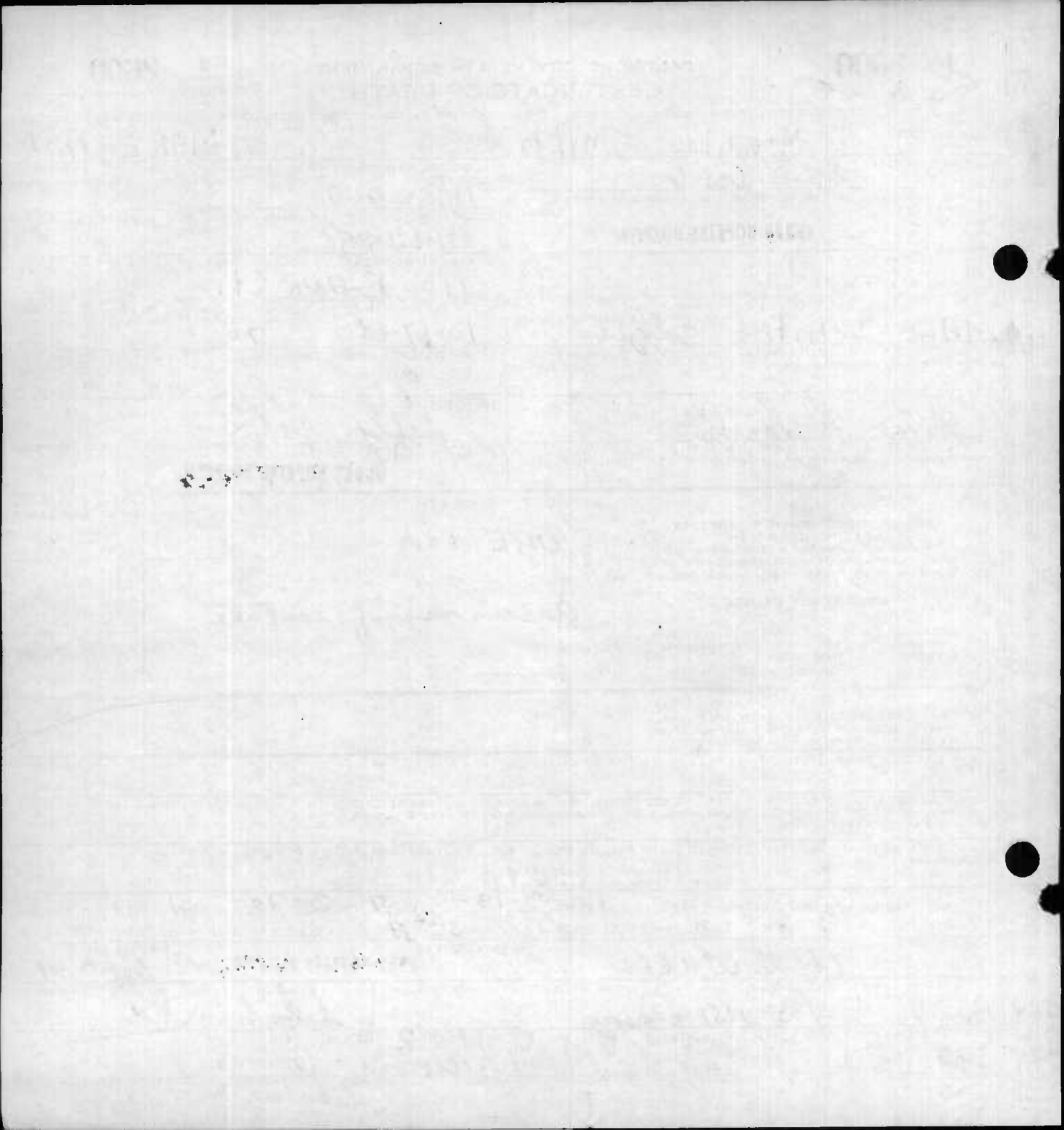
97059

937

PLEASE WRITE IN FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION





PLEASE WRITE CORRECTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH				Registered No. _____	
BIRTH NO. <u>51 2601</u> <u>652</u>					
1. NAME OF DECEASED (Type or Print) <u>George Varnauskas (Warnet)</u>			2. DATE OF DEATH <u>March 15, 1951</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <input checked="" type="checkbox"/>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY _____		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>1026 W Barre St</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore,</u>		
c. Length of stay in Baltimore <u>38</u> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>1026 W. Barre St. 21-01</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 5, 1892</u>	9. AGE (In years last birthday) <u>58</u>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Steel Fabricator</u>			11. BIRTHPLACE (State or foreign country) <u>Lithuania</u>		
10B. KIND OF BUSINESS OR INDUSTRY <u>Maryland Dry Dock</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13. FATHER'S NAME <u>George Varnauskas</u>			14. MOTHER'S MAIDEN NAME <u>Urbanski</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <input checked="" type="checkbox"/> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>213-10-9549</u>		
			17. INFORMANT ADDRESS <u>A. VARNAUSSKAS, 1026 W Barre St.</u>		
18. <u>002X</u> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Pulmonary Tuberculosis</u> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u>					
19A. DATE OF OPERATION <u>0</u>			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>June 13, 1948</u> to <u>Mar 15, 1951</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.					
23A. SIGNATURE <u>George E. Shannon</u>			23B. ADDRESS <u>926 Medical Arts Bldg.</u>		23C. DATE SIGNED <u>3/18/51</u>
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24B. DATE <u>3/21/51</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Holy Redeemer</u>	
24D. LOCATION (City, town, or county) <u>Belair Rd</u>		24E. FUNERAL DIRECTOR <u>Charles W. Varnauskas</u>		24F. ADDRESS <u>10344 Kenny St.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>5-20-1951</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>			

65

7691

1961

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians, please write the causes of death clearly and legibly.

CERTIFICATE CORRECTED

3-22-51

51 2602

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

OSCAR L. HERB

2. DATE
OF
DEATH

March 17, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland Baltimore Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Maryland General

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

100 E. Cross St.

24-03

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

April 15, 1886

9. AGE (In years last birthday)

64yrs

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Guard

10B. KIND OF BUSINESS OR INDUSTRY

Shipyard

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Oacar Herb

14. MOTHER'S MAIDEN NAME

Elixabeth Renninger

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

(If yes, give war or dates of service)
none

16. SOCIAL SECURITY NO.
220-050762

17. INFORMANT

ADDRESS

Grace Herb 100 E. Cross St.

18. E853X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Multiple Fractures of Ribs, sternum, + rt. femur

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Multiple internal hemorrhages

(C)

Paralytic Ileus

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
SHIP

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)
S.S. HAWAIIAN CITIZEN
Pier 3, Forest Point 5300

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
March 14, 1951 ? m.

21E. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

Fell down hatchway to hold

22. I certify that I took charge of the remains described above, held an Autopsy & Inquest thereon and from the evidence obtained by said Autopsy, Inspection & Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Dunlacher, M.D.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

23C. DATE SIGNED

March 18, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

March 21, 1951

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Harford Rd. Balto. Md.

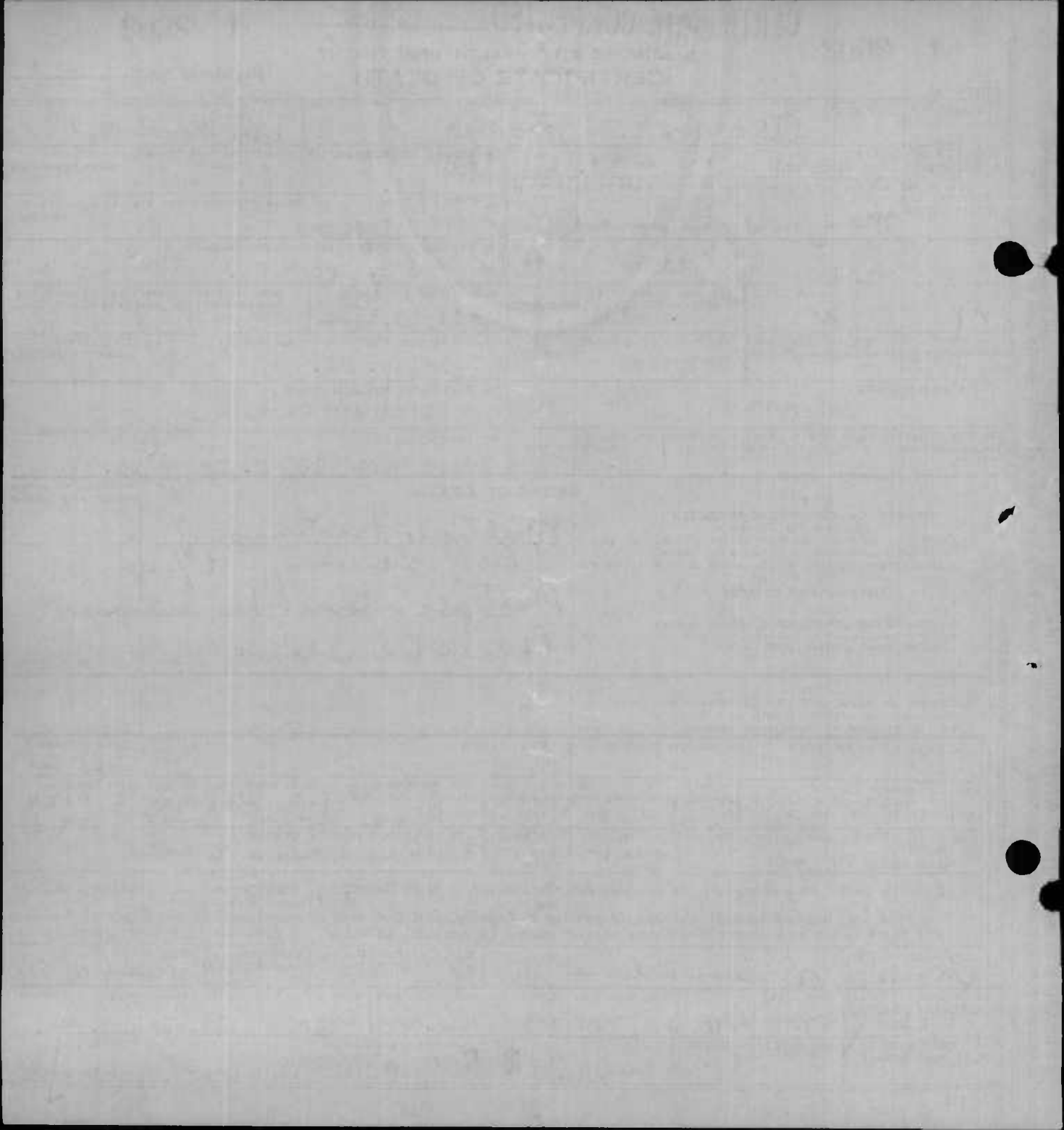
DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

GRACE FUNERAL HOME 1216 S. Charles St.



51 2803

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2603

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John M. Linker

2. DATE
OF
DEATH

March 19-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1113 Sargeant St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Md. B. COUNTY Balto.

C. CITY OR TOWN Balto.

D. STREET ADDRESS (If rural, give location)

1113 Sargeant St.

E. Length of stay in Baltimore

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb 21-1872

9. AGE (In years
and birthday)

77

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Baker

10B. KIND OF BUSINESS OR
INDUSTRY

Bakery

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Valentine Linker

14. MOTHER'S MAIDEN NAME

Catherine Lochel

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown)

No

16. SOCIAL
SECURITY NO.

212-10-6741

17. INFORMANT

Emil J. Linker 9 Rother Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 3, 1950, to Mar. 19, 1951, that I last saw the
deceased alive on Mar. 19, 1951, and that death occurred at 12 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Harry Gates

M. D.

23B. ADDRESS

517 Scott St.

23C. DATE SIGNED

Mar 19/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

March 22-51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

3801 Frederick Rd Balto. Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 20 1951

Fred A. Cole - 7913 W. Baltimore St.

VS 150

930

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

University of
California
Berkeley

12 11 21 50
12 11 21 50

12 11 21 50
12 11 21 50

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Yrs.
Mos.
Days

4. DATE OF BIRTH

9. AGE (in years,
last birthday)

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S M maiden NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/1, 1941, to 3/19, 1941, that I last saw the
deceased alive on 3/17, 1941, and that death occurred at 5:11 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

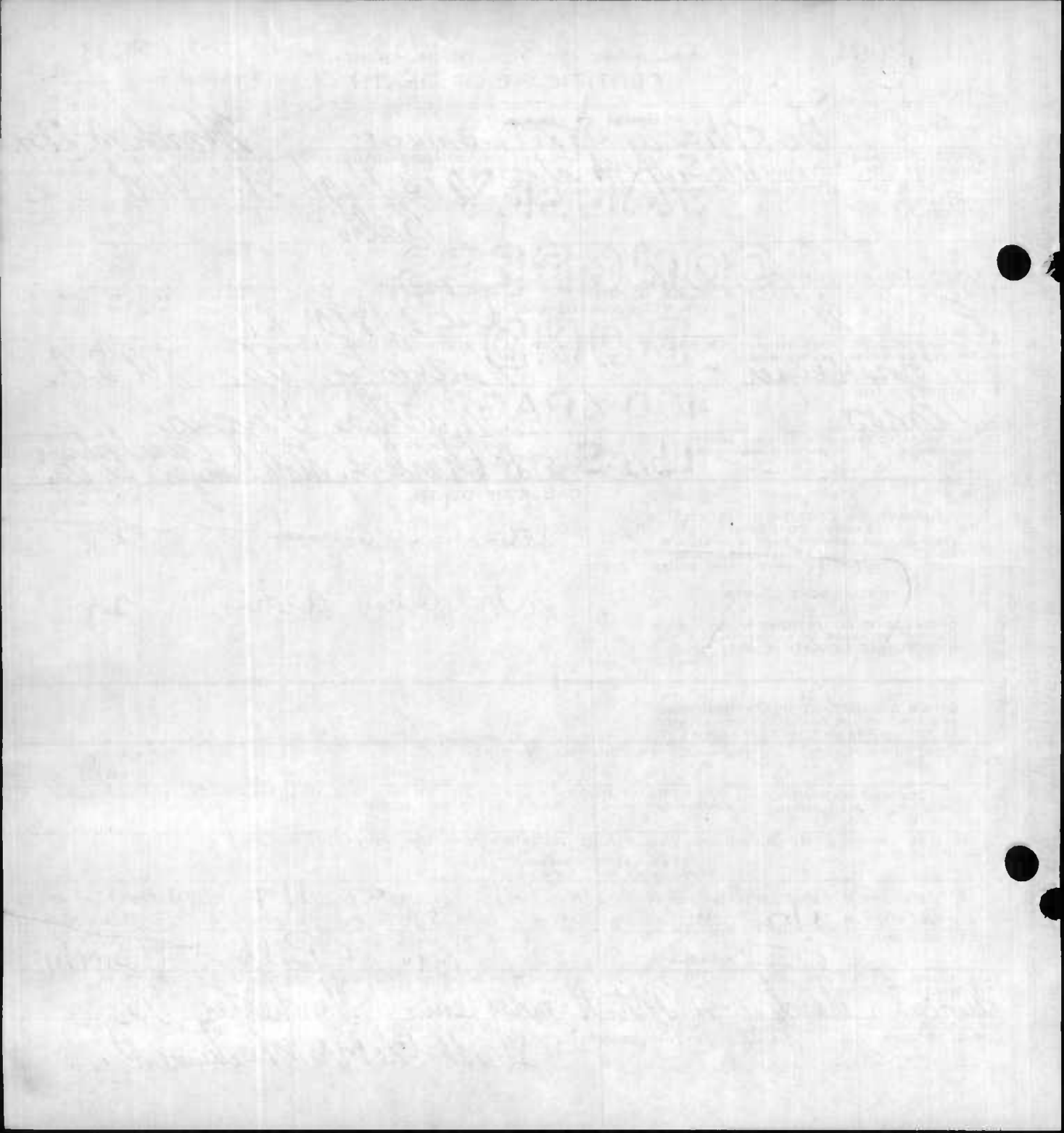
(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51

2605

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2605
Registered No.

BIRTH NO. W-320

1. NAME OF DECEASED
(Type or Print)

MARGARET J. WATTS

2. DATE
OF
DEATH

March 18, 1951.

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1104 S. Lakewood Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1104 S. Lakewood Ave.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

January 21, 1881

9. AGE (in years
last birthday)

70

11 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House Work

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

James Flynn

14. MOTHER'S MAIDEN NAME

Mary Boyle

15. WAS DECEASED
(Yes, no or unknown)

EVER IN U. S. ARMED FORCES?
(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

William I. Watts 1104 S. Lakewood Ave.

18. 93X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Acute Cardiac Failure

Severe Secondary Anemia

INTERVAL BETWEEN
ONSET AND DEATH

2 days

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from 3/16/51, 1951, to 3/18/51, 1951, that I last saw the
deceased alive on 3/18/51, 1951, and that death occurred at 7:40 P.M. from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3-18-51

Sacred Heart Cemetery

4701 German Hill Rd. Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

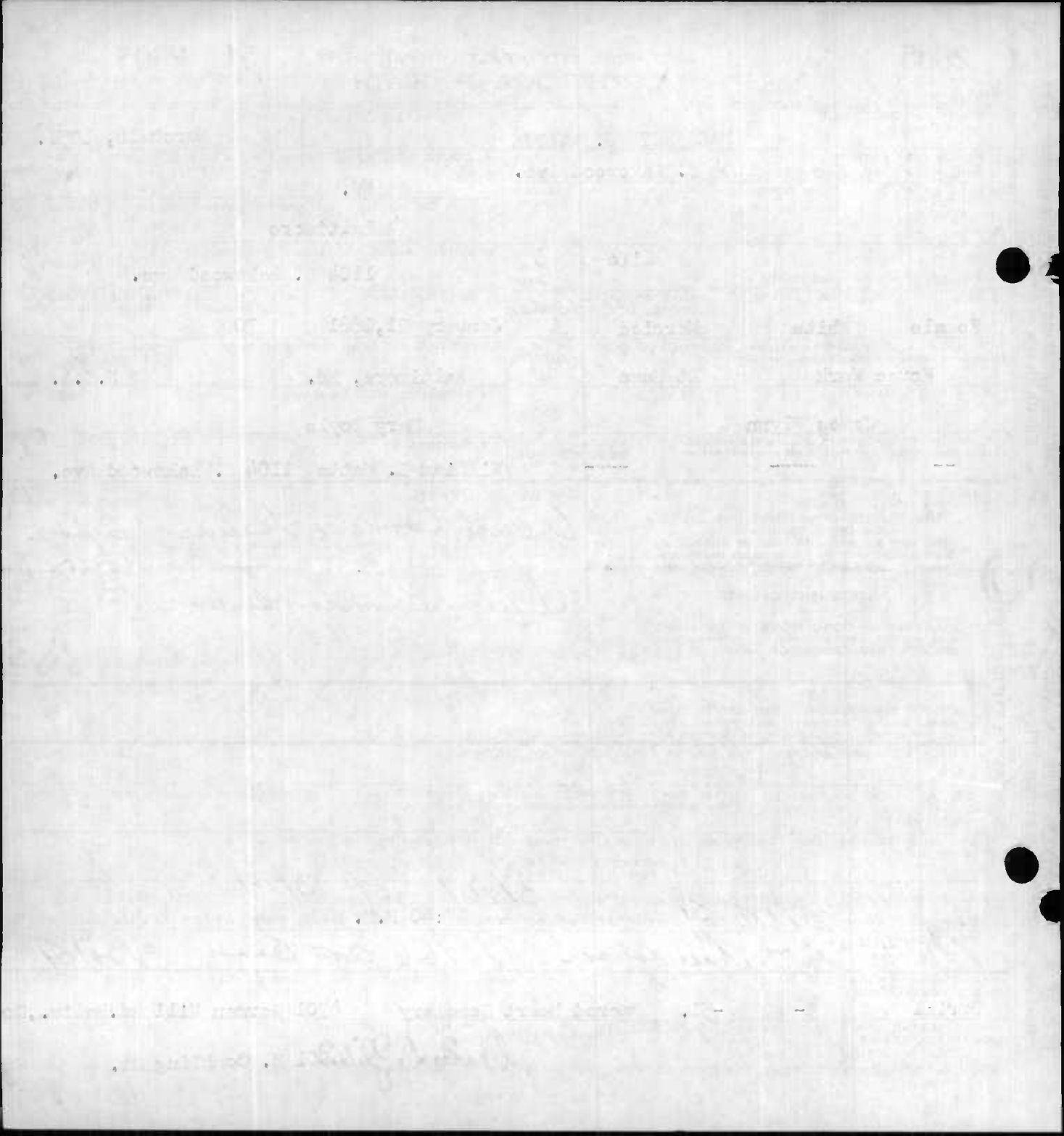
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

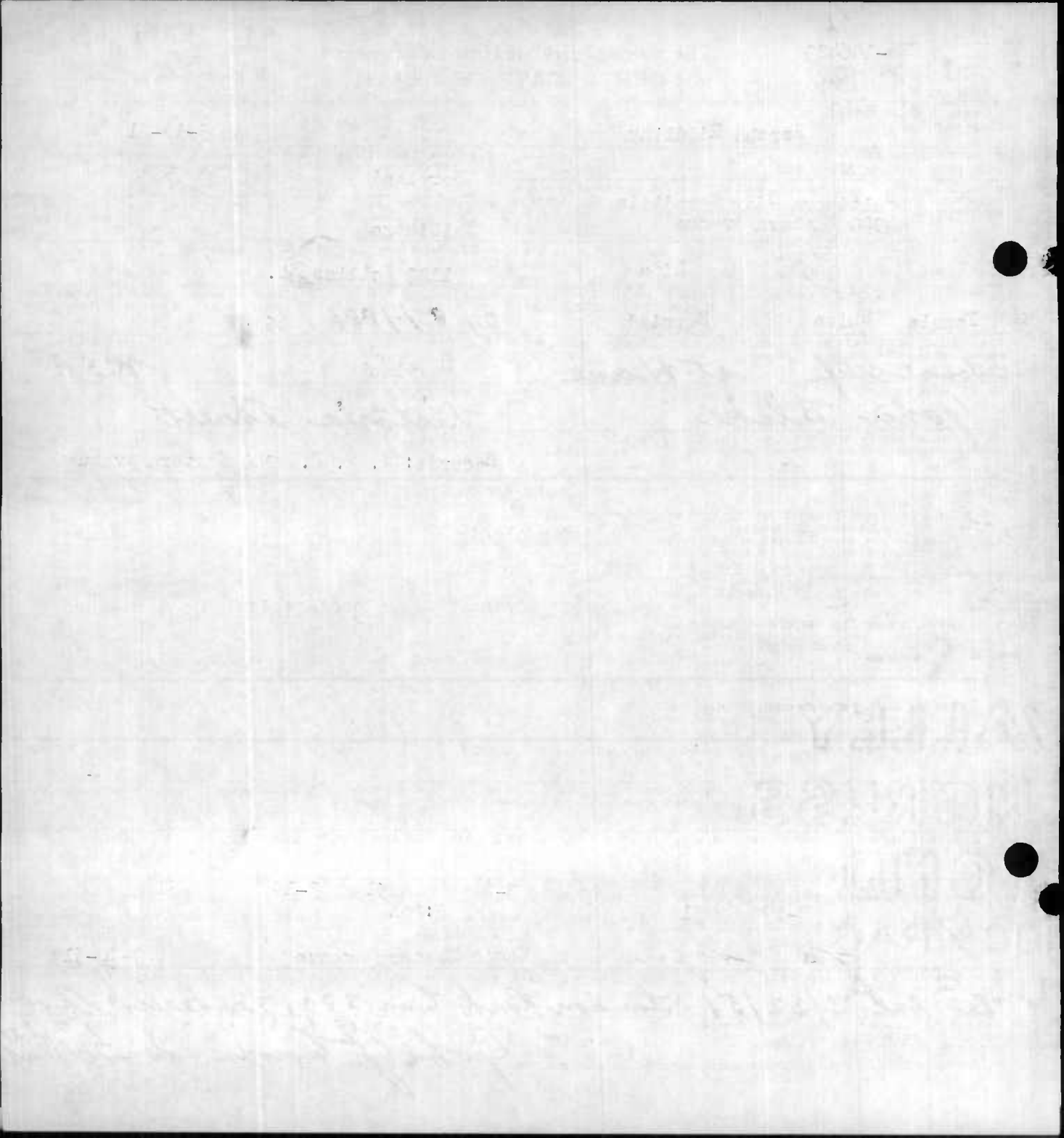
3/20/51

Charles S. Giles 201 S. Conkling St.



PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51		REA-146423		BALTIMORE CITY HEALTH DEPARTMENT		51 2606		
2606		R-345		CERTIFICATE OF DEATH		Registered No.		
BIRTH NO.				1. NAME OF DECEASED (Type or Print) Bertha Riddling				
2. DATE OF DEATH 3-19-51				3. PLACE OF DEATH: A. Baltimore City, Maryland				
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Avenue				4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY				
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore				D. STREET ADDRESS (If rural, give location) 1123 Hollins St. 18-03				
E. Length of stay in Baltimore Life		Yrs. Mos. Days		8. DATE OF BIRTH 2/8/1886		9. AGE (in years last birthday) 65		
5. SEX Female		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		10. UNDER 1 Year Months: Days		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME John Blake		14. MOTHER'S MAIDEN NAME Victoria Thrift		15. HAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		
15. HAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT Records: B. C. H. 4940 Eastern Avenue		ADDRESS		
18. 450.0 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				(A) Paraplegia DUE TO (B) Far Advanced Arteriosclerosis DUE TO (C)				INTERVAL BETWEEN ONSET AND DEATH Years
19A. DATE OF OPERATION				19B. MAJOR FINDINGS OF OPERATION				
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH				
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)				
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY				21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
21F. HOW DID INJURY OCCUR?				22. I hereby certify that I attended the deceased from 3-2, 1951, to 3-19, 1951, that I last saw the deceased alive on 3-19, 1951, and that death occurred at 8:20 A. M., from the causes and on the date stated above.				
23A. SIGNATURE J. S. Cohen				23B. ADDRESS 4940 Eastern Avenue				
23C. DATE SIGNED 3-20-51				24A. BURIAL, CREMATION, REMOVAL (Specify) Burial				
24B. DATE 3/22/51				24C. NAME OF CEMETERY OR CREMATORY London Park Cem				
24D. LOCATION (City, town, or county) 3801 Frederick Ave				24E. LOCATION (State) Baltimore				
DATE RECEIVED BY LOCAL REGISTRAR MAR 20 1951				REGISTRAR'S SIGNATURE				
FUNERAL DIRECTOR John J. Cowan & Son				ADDRESS 1123 Hollins St.				



PLEASE WRITE CLEARLY, MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

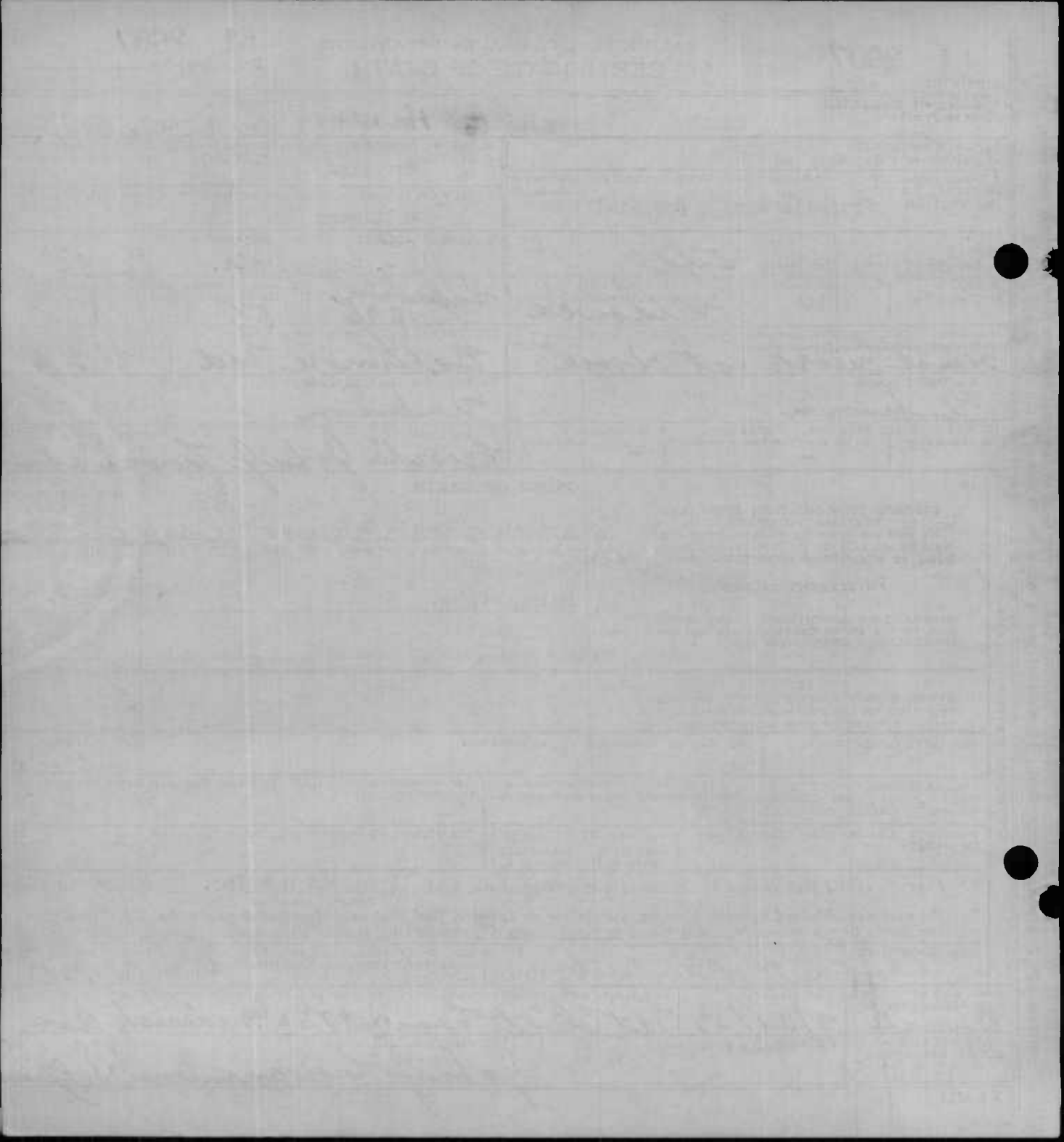
BALTIMORE CITY HEALTH DEPARTMENT

51 2607
Registered No.

BIRTH NO.

H-633
CERTIFICATE OF DEATH

1. NAME OF DECEASED (Type or Print) Edith			2. DATE OF DEATH March 7, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Franklin Square Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 44 S. Schroeder St. 18-03		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Unknown 1895	9. AGE (In years last birthday) 55	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House work			10B. KIND OF BUSINESS OR INDUSTRY at home		
11. BIRTHPLACE (State or foreign country) Baltimore Md.			12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Unknown			14. MOTHER'S MAIDEN NAME Unknown		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -			16. SOCIAL SECURITY NO. -		
17. INFORMANT Record's John J. Cowan & Son			ADDRESS		
18. 4221 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Malnutrition					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley A. Denclocher			23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		
23C. DATE SIGNED March 8, 1951					
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/21/51		24C. NAME OF CEMETERY OR CREMATORY Mt Olivet Cem	
24D. LOCATION (City, town, or county) (State) 2930 Frederick Ave		24E. FUNERAL DIRECTOR John J. Cowan & Son		24F. ADDRESS Hollins	
DATE RECEIVED BY LOCAL REGISTRAR MAR 20 1951		REGISTRAR'S SIGNATURE			



PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B.C. 51-06075
51 2608
W-436

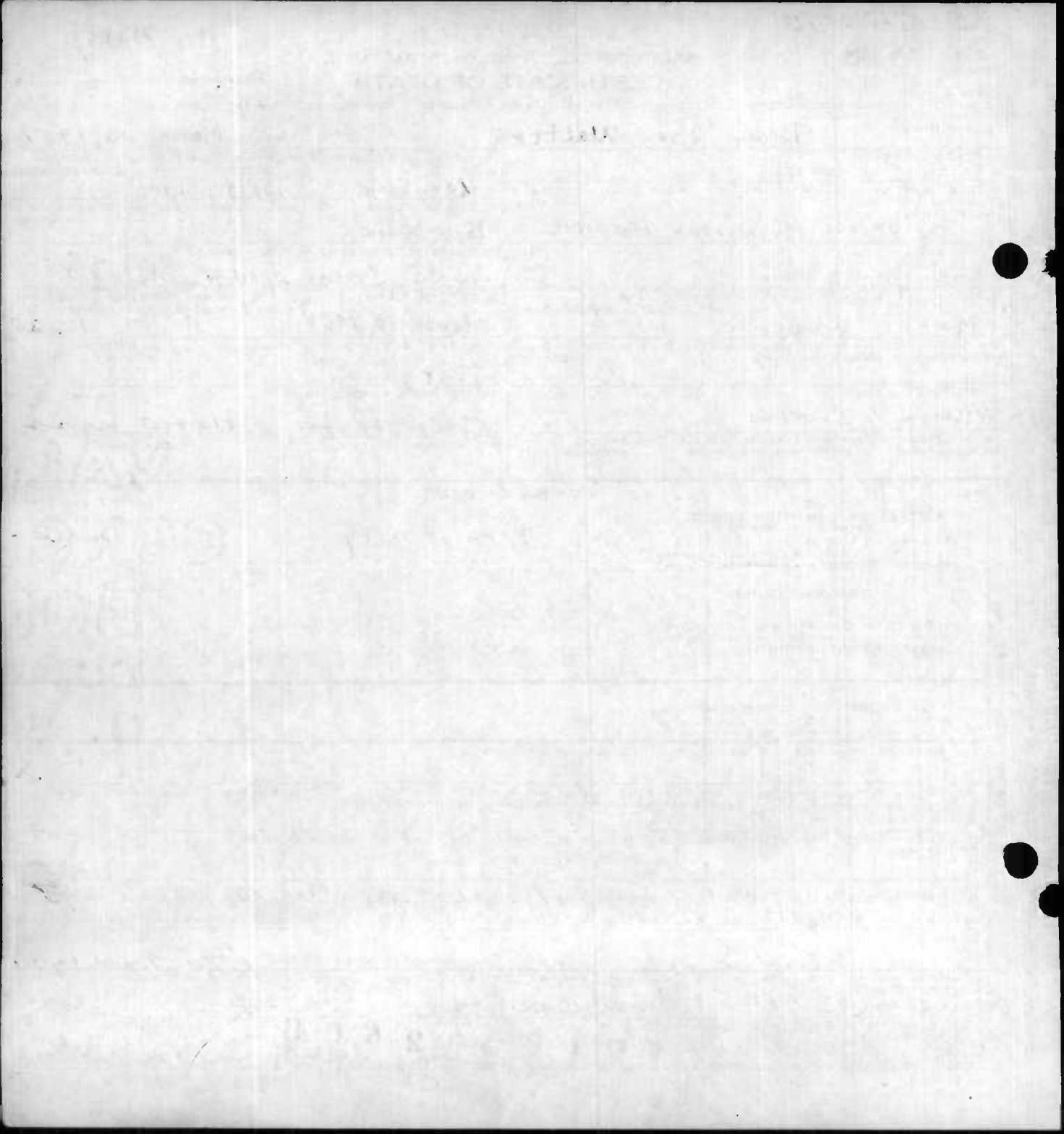
WALTERS
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. <u>W-436</u>			1. NAME OF DECEASED (Type or Print) <u>Baby Boy Walters</u>			2. DATE OF DEATH <u>March 13, 1957</u>		
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>					
5. FULL NAME OF HOSPITAL OR INSTITUTION <u>The Union Memorial Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u>					
6. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			D. STREET ADDRESS (If rural, give location) <u>1505 Stone wood Road, 27-09</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>March 12, 1957</u>	9. AGE (in years last birthday)	10. Under 1 Year Months: _____ Days _____	11. Under 24 Hours Hours _____ Min. _____		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY					
13. FATHER'S NAME <u>William M. Walters</u>			11. BIRTHPLACE (State or foreign country) <u>Maryland</u>			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			14. MOTHER'S MAIDEN NAME <u>Harriet Schuler</u>		
17. INFORMANT			ADDRESS					

18. <u>776 X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Prematurity</u> DUE TO (A) _____		INTERVAL BETWEEN ONSET AND DEATH <u>Birth</u>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO (B) _____		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. DUE TO (C) _____		

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>Mar 12</u> , 19 <u>57</u> , to <u>Mar 13</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>Mar 13</u> , 19 <u>57</u> , and that death occurred at <u>9:00 A. m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Robert D. Co.</u>		23B. ADDRESS <u>Union Memorial Hosp.</u>		23C. DATE SIGNED <u>Mar 16, 1957</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <u>3-17-57</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Union Mem. Hosp.</u>	
24D. LOCATION (City, town, or county) (State) <u>Balto - 18 Md.</u>		25. FUNERAL DIRECTOR <u>Hancy W. Alvan Dept of Pathology</u>		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 21 1957</u>		REGISTRAR'S SIGNATURE <u>Robert D. Co.</u>			



PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be clearly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2609
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPHINE JACKSON PURVIANCE WILSON

2. DATE
OF
DEATH

3/16/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

308 N. CARROLLTON AVE

C. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

DOMESTIC

13. FATHER'S NAME

GEORGE LeCOMPTE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

MRS. MARY HAMILTON

518 ADDRESS

18. 260X 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Chronic Myocarditis

2 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Diabetes Mellitus

(18)

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from Mar. 1, 1951, to 3/16, 1951, that I last saw the
deceased alive on 3/15, 1951, and that death occurred at 4 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Calvin B. LeCompte

M. D.

23B. ADDRESS

1113 N. Caroline St

23C. DATE SIGNED

3/16/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

BURIAL

3/20/51

ARBUTUS MEMIL PK

BALTO. COUNTY, MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

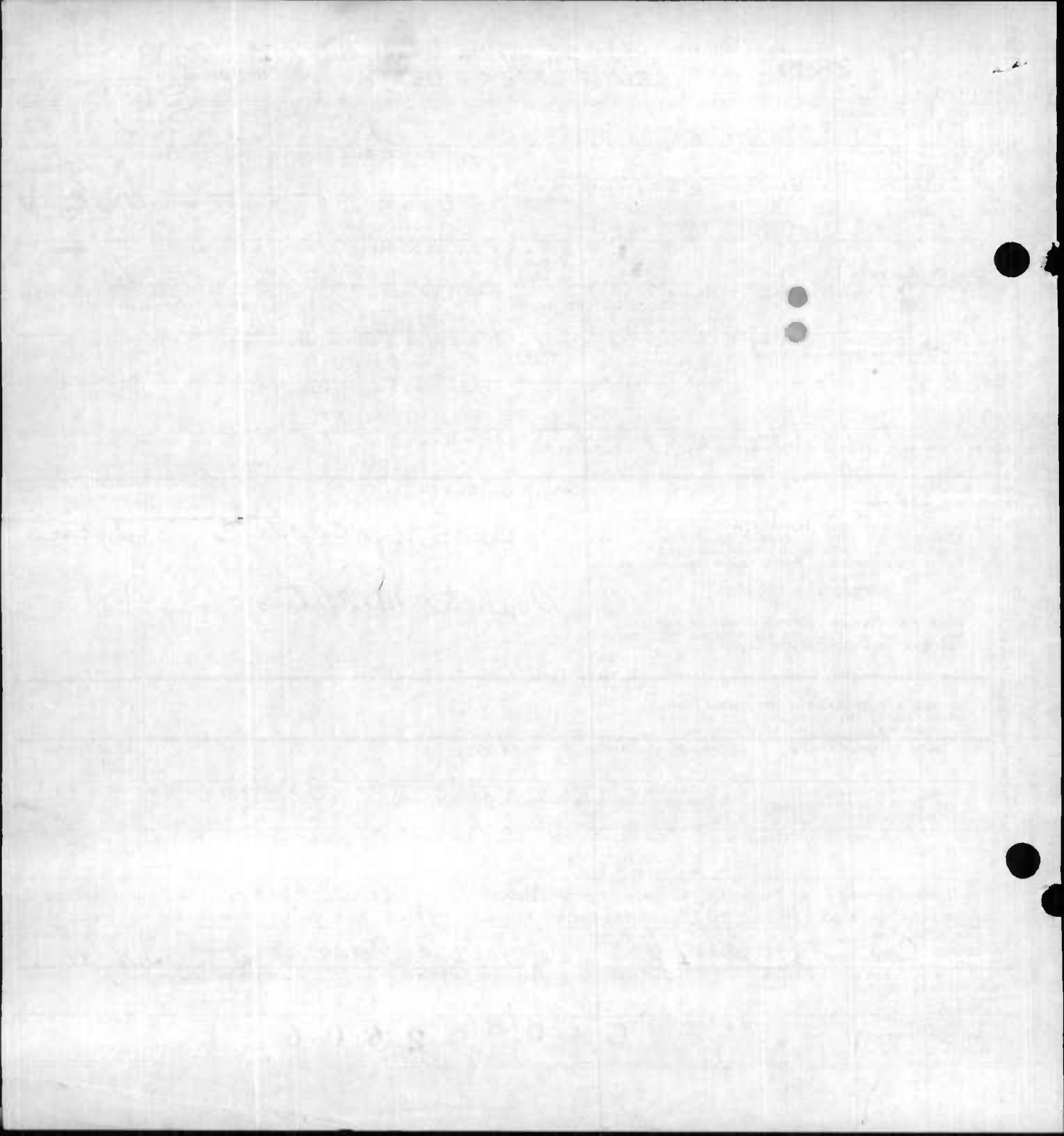
ADDRESS

MAR 21 1951

5, 100

0 2 6 0 6

CHARLES G. COOPER-512 CARROLLTON AV

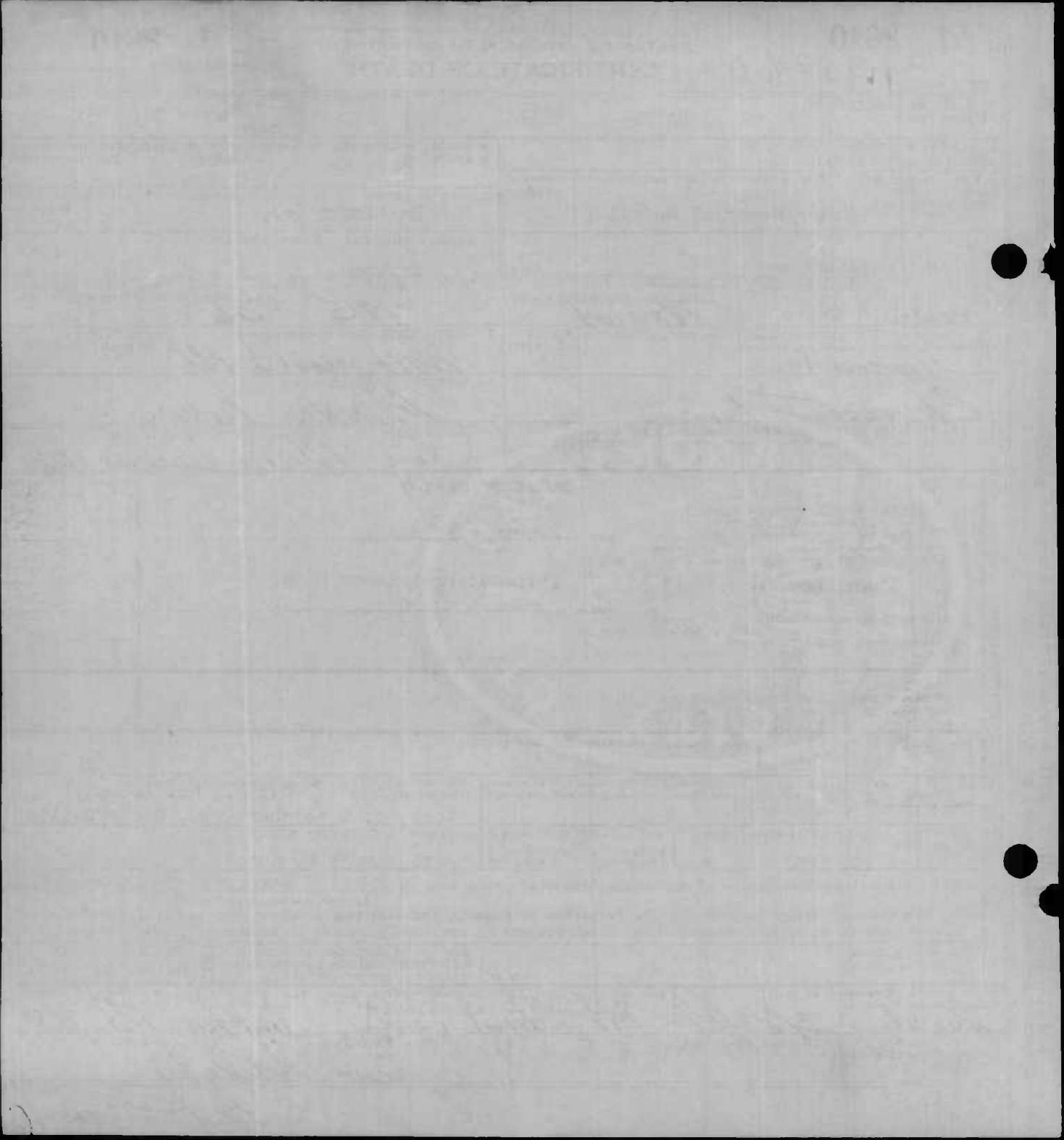


PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2610				CERTIFICATE CORRECTED				51 2610			
BALTIMORE CITY HEALTH DEPARTMENT				BALTIMORE CITY HEALTH DEPARTMENT				Registered No.			
BIRTH NO. <i>m-460</i>				CERTIFICATE OF DEATH							
1. NAME OF DECEASED (Type or Print) HAZEL MILLER				2. DATE OF DEATH March 20, 1951							
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Balto.							
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore Co.							
D. STREET ADDRESS (If rural, give location) Parkton				5. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days 5200							
5. SEX Female		6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 1915		9. AGE (In years last birthday) 36		If Under 1 Year Months: Days: If Under 24 Hours Hours: Min: 5200	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Balt. Md.				12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Clarence Thompson				14. MOTHER'S MAIDEN NAME Lynne Kemp							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO.		17. INFORMANT Roy Miller Parkton Md.				ADDRESS	
18. E 816.4 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Fracture of skull DUE TO Intracerebral hemorrhage				CAUSE OF DEATH				INTERVAL BETWEEN ONSET AND DEATH			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				(B) DUE TO (C) 							
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>					
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Road		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Balto., Md. (County)		21D. TIME (Month) (Day) (Year) (Hour) March 19, 1951 3 p.m.		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Auto struck by auto	
22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> accident <input checked="" type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/>				23A. SIGNATURE Stanley S. Deneacher M.D.				23B. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR		23C. DATE SIGNED March 20, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/23/51		24C. NAME OF CEMETERY Hereford Baptist		24D. LOCATION (City, town, or county) (State) Parkton, Md. H.D.		25. FUNERAL DIRECTOR 1700 New Freedom, Pa.		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR MAR 21 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR [Signature]		ADDRESS					
VS 151		N-803.0									

CONFIDENTIAL

11



51 2611
L-340BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2611
Registered No.

1. NAME OF DECEASED (Type or Print) <u>Sr. M. Magna Liedl</u>			2. DATE OF DEATH <u>March 19, 51</u>		
3. PLACE OF DEATH: A. <u>Baltimore City, Maryland</u>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTE <u>Convent of Notre Dame</u>			C. CITY OR TOWN (If outside corporate limits, write TOWNSHIP and give township) <u>Baltimore</u>		
c. Length of stay in Baltimore <u>1 yr. 6 mos.</u> Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) <u>901 Aisquith</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Oct. 17, 1903</u>	9. AGE (In years last birthday) <u>47</u>	10. Under 1 Year Months Days <u>7 2</u>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook</u>			11. BIRTHPLACE (State or foreign country) <u>Germany</u>		
10B. KIND OF BUSINESS OR INDUSTRY <u>Religious</u>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <u>Jakob Liedl</u>			14. MOTHER'S MAIDEN NAME <u>Josephine Haeckel</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <u>Sr. M. Stan. Kostka</u>			ADDRESS <u>901 Aisquith Street</u>		

18. <u>170 X 1</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Carcinoma Breast and ovaries</u> DUE TO (B) <u>Extensive Metastases</u> DUE TO (C) <u>abdominal-cranial-Pulmonary</u>	CAUSE OF DEATH <u>Carcinoma Breast and ovaries</u> <u>Extensive Metastases</u> <u>abdominal-cranial-Pulmonary</u>	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION <u>June 10, 1950</u>	19B. MAJOR FINDINGS OF OPERATION <u>Radical removal breast about 54%</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 10, 1950, to March 19, 1951, that I last saw the deceased alive on March 12, 1951, and that death occurred at 8.5 A.M. from the causes and on the date stated above.

23A. SIGNATURE Francis J. St. John M. D. 23B. ADDRESS 110 E. York Ave 23C. DATE SIGNED 3-20-51

24A. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24B. DATE <u>3-21-51</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Villa Maria Cem.</u>	24D. LOCATION (City, town, or county) (State) <u>Kitch Cliff Towson</u>
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 21 1951</u>	REGISTRAR'S SIGNATURE <u>5110</u>	25. FUNERAL DIRECTOR <u>John S. Geiler</u>	ADDRESS <u>901 S Conkling</u>

STATE OF NEW YORK
CERTIFICATE OF DEATH

County of _____

City of _____

State of New York

Decedent's Name _____

Age _____

Sex _____

Marital Status _____

Occupation _____

Place of Birth _____

Date of Death _____

Time of Death _____

Place of Death _____

Cause of Death _____

Signature of Physician _____

Signature of Coroner _____

Signature of Registrar _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

Signature of _____

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2612		BALTIMORE CITY HEALTH DEPARTMENT		51 2612	
BIRTH NO. <u>Q-530</u>		CERTIFICATE OF DEATH		Registered No. _____	
1. NAME OF DECEASED (Type or Print) <u>Ginnetty</u> <u>Sr. Mary Lazarine, S. S. N. D.</u>			2. DATE OF DEATH <u>March 19, 1951</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>RURAL - Glen Arm P. O.</u>		
C. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <u>Villa Maria</u> <u>5300</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>May 4, 1883</u>	9. AGE (In years last birthday) <u>67</u>	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Religious</u>		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Roxbury, Mass.</u>	
13. FATHER'S NAME <u>Matthew</u>			14. MOTHER'S MAIDEN NAME <u>Anna Gray</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT <u>Dr. M. Stan. Koska 901 S. Conkey St.</u>	
18. <u>153X</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Carcinoma of sigmoid</u> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH <u>Carcinoma of sigmoid</u> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CON- TRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION <u>3/3/51 & 3/10/51</u>		19B. MAJOR FINDINGS OF OPERATION <u>Carcinoma of sigmoid</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>2/23/1951</u> to <u>3/19/1951</u> , that I last saw the deceased alive on <u>3/19/51</u> and that death occurred at <u>10:05 A.M.</u> from the causes and on the date stated above.					
23A. SIGNATURE <u>V. L. Capron</u>		23B. ADDRESS <u>1400 N. Caroline Street</u>		23C. DATE SIGNED <u>3/19/51</u>	
24A. BURIAL, CREMA- TION, REMOVAL (Specify) <u>BURIAL</u>		24B. DATE <u>3-21-51</u>		24C. NAME OF CEMETERY OR CREMATORY <u>VILLA MARIA</u>	
24D. LOCATION (City, town, or county) <u>NOTCH CLIFF NRTOWNSHIP</u>		24E. FUNERAL DIRECTOR <u>W. L. Capron</u>		24F. ADDRESS <u>901 S. Conkey St.</u>	
25. DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 21 1951</u>		25. REGISTRAR'S SIGNATURE <u>W. L. Capron</u>		25. FUNERAL DIRECTOR <u>W. L. Capron</u>	
VS 150		07F 2W		46E ST	

BURIAL 3-21-21 VILLA MARIA NOTCH CLIFF AREA
 12

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information must be carefully supplied. The correct age is especially important. Physicians: please write the causes of death early and legibly.

51 2613

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2613

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John O. Kern.

2. DATE
OF
DEATH

March 18, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1630 Jackson St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore,

D. STREET ADDRESS (If rural, give location)

1630 Jackson St.,

24-04

C. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 19, 1879

9. AGE (in years
last birthday)

71

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

color mixer

10B. KIND OF BUSINESS OR
INDUSTRY

Tin Container.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George Kern,

14. MOTHER'S MAIDEN NAME

Dena Diehl,

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

215-05-5957

17. INFORMANT

ADDRESS

Mrs. Margaret Kern, 1630 Jackson St.,

18.

420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) ...
DUE TO

Coronary Thrombosis

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ...
DUE TO

Chronic Myocardial Degeneration

1 yr.

(C) ...

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from March 1, 1951, to Mar. 18, 1951, that I last saw the deceased alive on Mar. 1, 1951, and that death occurred at 7 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Signature

707 Fort Ave.,

3/19/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

March 21, 1951

Loudon Park Cemetery,

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 21 1951

Signature

25. FUNERAL DIRECTOR

ADDRESS

MAR 24 1951

Signature

25. FUNERAL DIRECTOR

ADDRESS

MAR 24 1951

Signature

25. FUNERAL DIRECTOR

ADDRESS

MAR 24 1951

Signature

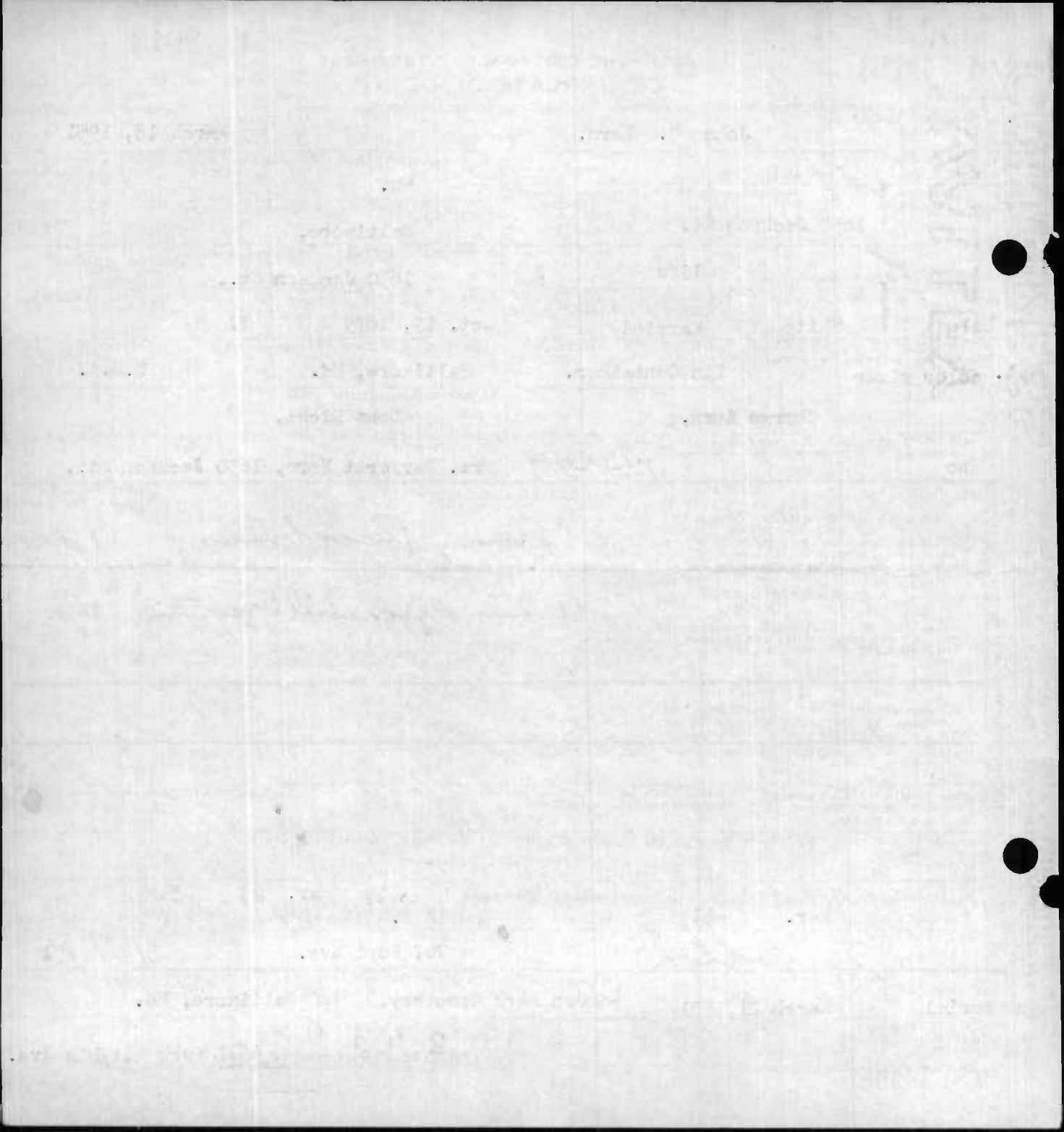
25. FUNERAL DIRECTOR

ADDRESS

6903D

93D

25. FUNERAL DIRECTOR
Vernon Lemmon. 4611 Park Heights Ave.



PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information must be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CHARLES MACK

2. DATE
OF
DEATH

March 18, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

W. BALT. GENERAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
2115. Dukeland St.

E. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

Jan. 21, 1883

9. AGE (In years
last birthday)

68

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

LONG SHORSMAN

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

214-10-4939

17. INFORMANT

ADDRESS

MRS. Hilda Brown. 911.5. Conklin St

18. 4771

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Arteriosclerotic cardio-
vascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Stanley S. Durlacher

M.D.

23B. CHIEF MEDICAL EXAMINER ☐

ASSISTANT MEDICAL EXAMINER ☐

MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

Mar 18, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Mar 21, 1951

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn Cem

24D. LOCATION (City, town, or county)

Eastern Ave

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 21 1951

REGISTRAR'S SIGNATURE

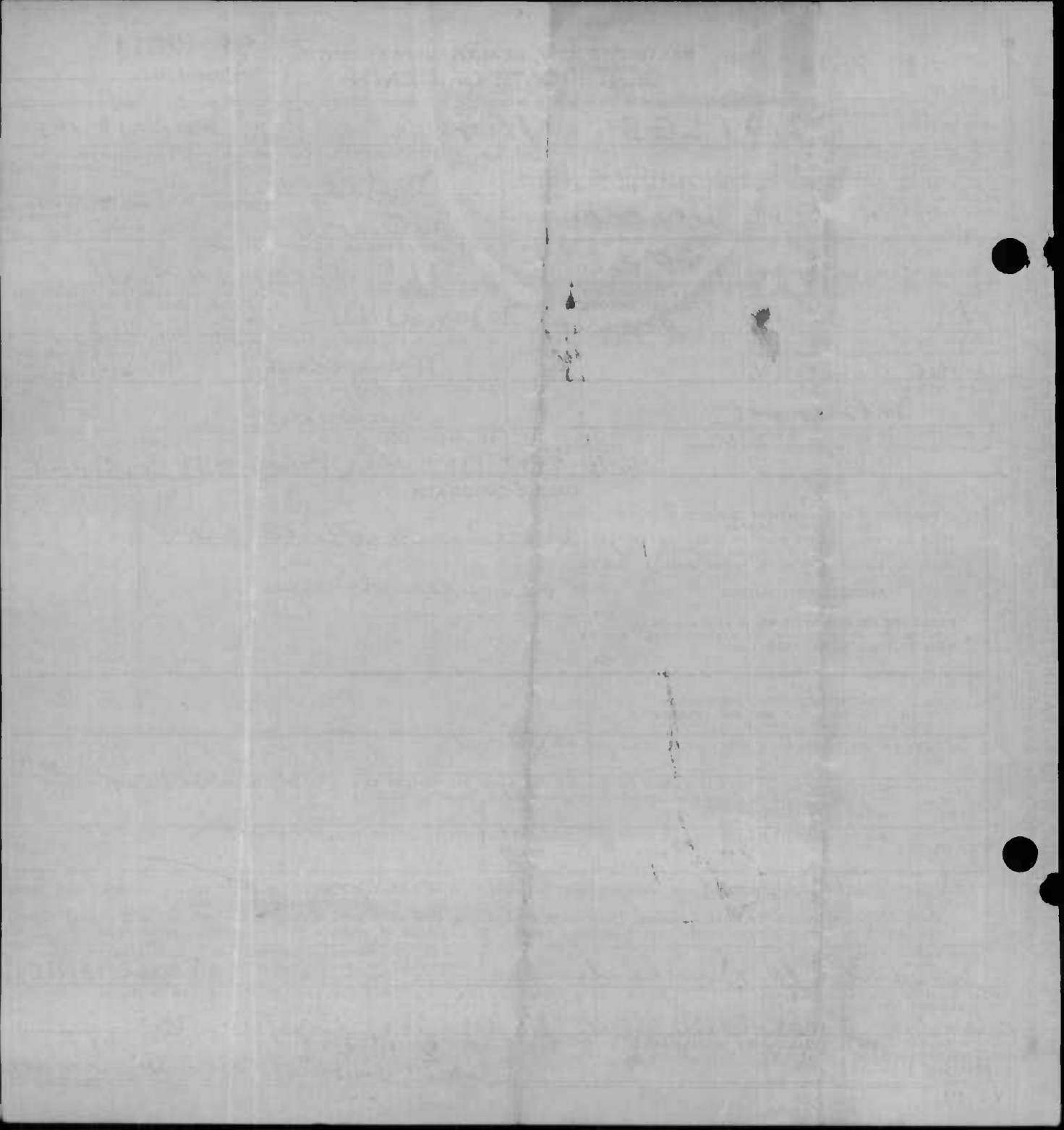
Stanley S. Durlacher

25. FUNERAL DIRECTOR

Wendell J. Koppel

ADDRESS

3125 Highland Ave



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians write the causes of death clearly and legibly.

0-650

51 2615

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

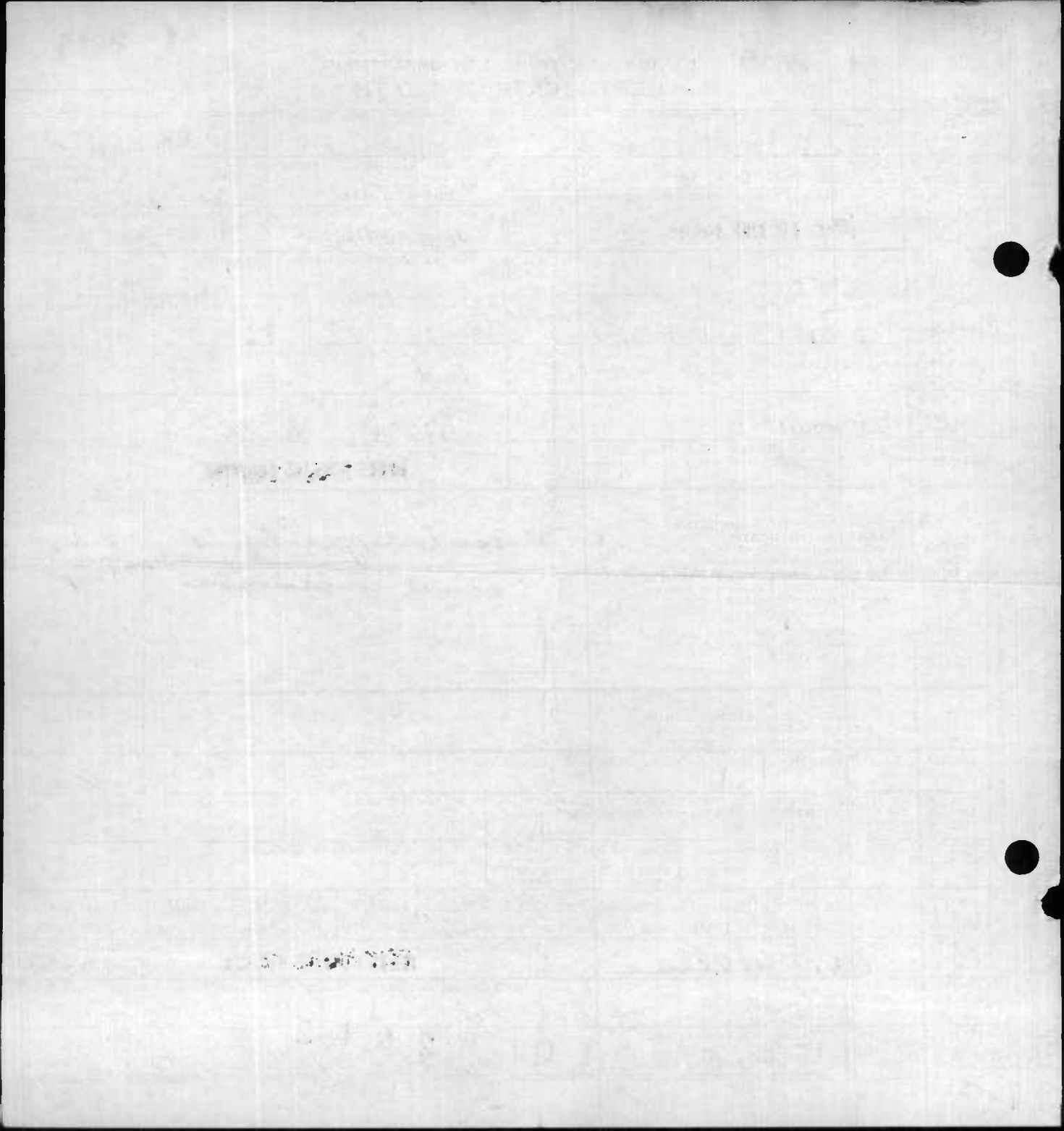
BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) WILLIAM Edward Brown Jr		2. DATE OF DEATH MAR 20, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland OSL 6		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MARYLAND B. COUNTY Carroll	
B. FULL NAME OF (If not in hospital or institution, give street address or location) JOHN HOPKINS HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) WESTMINSTER	
D. STREET ADDRESS (If rural, give location) 5641		Yrs. Mos. Days	
c. Length of stay in Baltimore			
5. SEX MALE	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH Jan 18/1919
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Archdrver		10B. KIND OF BUSINESS OR INDUSTRY Archdrver	9. AGE (In years last birthday) 32
11. BIRTHPLACE (State or foreign country) Ind		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Wm. E. BROWN		14. MOTHER'S MAIDEN NAME Mary Dell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 219-01-3107	
17. INFORMANT JOHN HOPKINS HOSPITAL		ADDRESS	

MEDICAL CERTIFICATION

18. 368X I ? DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Muscular paralysis DUE TO cause unknown	INTERVAL BETWEEN ONSET AND DEATH 2 1/2 days
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-20- 1951, to 3-20- 1951, that I last saw the deceased alive on 3-20- 1951, and that death occurred at 7²⁰ A. M., from the causes and on the date stated above.					
23A. SIGNATURE R E Wells		23B. ADDRESS JOHN HOPKINS HOSPITAL		23C. DATE SIGNED 3-20-51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE Mar 23/51		24C. NAME OF CEMETERY OR CREMATORY St Marys	
24D. LOCATION (City, town, or county) (State) Silver Run		25. FUNERAL DIRECTOR Wm J. Fisher & Son 14 E. Pa ave			
DATE RECEIVED BY LOCAL REGISTRAR MAR 21 1951		REGISTRAR'S SIGNATURE Huntington Williams			



PLEASE WRITE IN INK. Every item of information should be clearly and legibly. Physicians: please write the causes of death clearly and legibly.

V-420

51 2616

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2616

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES M. WELLS

2. DATE
OF
DEATH

MARCH 20, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNION MEMORIAL HOSPITAL

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Auto Salesman

10B. KIND OF BUSINESS OR
INDUSTRY

Retired

13. FATHER'S NAME

JAMES WELLS

(13)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

MRS. LYDIA WELLS

ADDRESS

BEL AIR, MD

18. 592 X 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) CHROMIC GLOMERULONEPHRITIS

15 YRS.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from MARCH 19, 1951, to MARCH 20, 1951, that I last saw the
deceased alive on MARCH 20, 1951, and that death occurred at 8:00 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Alfred S. Nelson

M. D.

23B. ADDRESS Union Memorial Hosp.

Baltimore 18, Maryland

23C. DATE SIGNED

Mar 20, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Mar 22/51

24C. NAME OF CEMETERY OR CREMATORY

Mt Zion Cemetery

24D. LOCATION (City, town, or county)

Forest Green

(State)

Harford Co Md

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 21 1951

REGISTRAR'S SIGNATURE

Wm. H. Williams, Jr.

25. FUNERAL DIRECTOR

John H. Bell

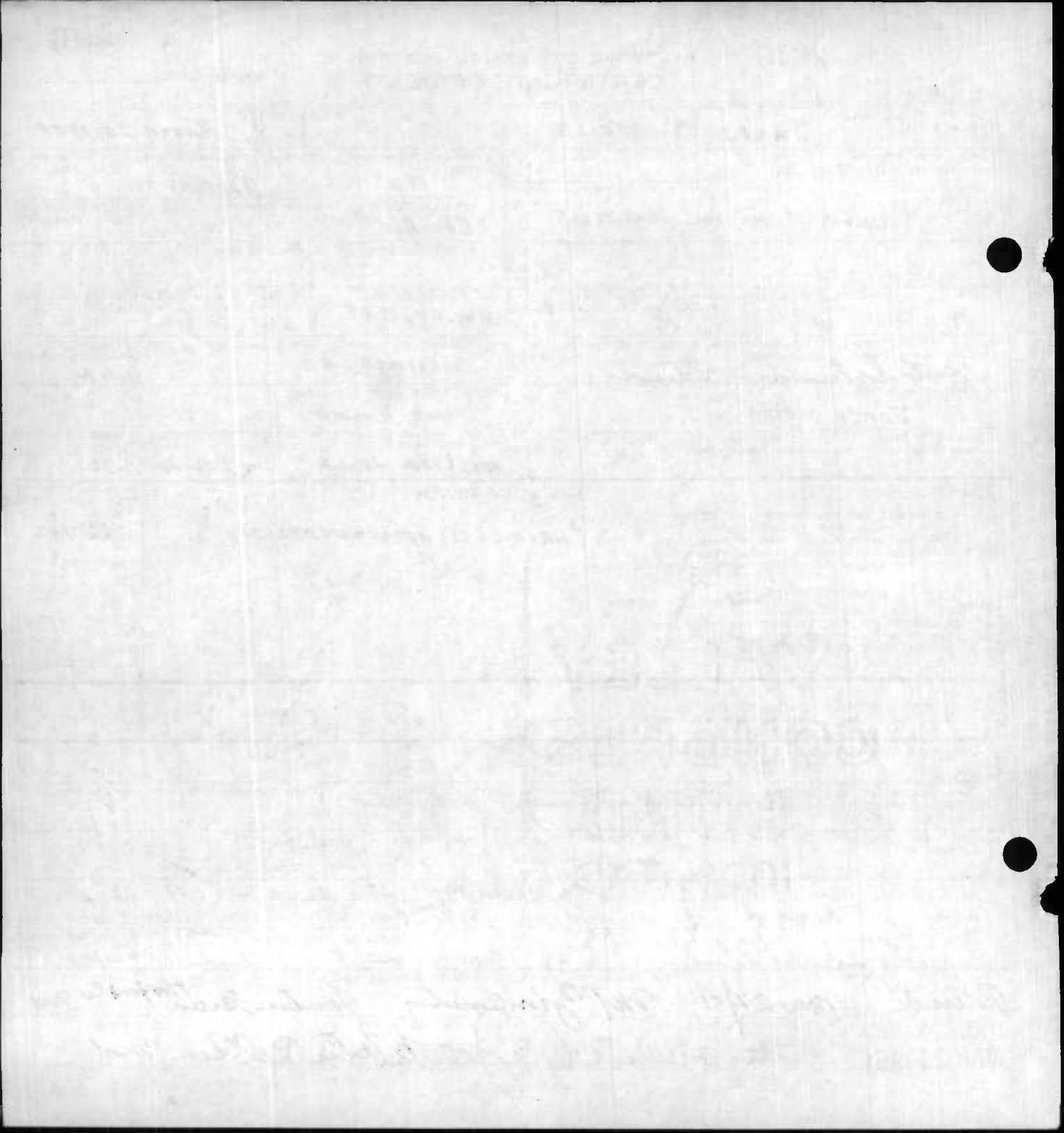
ADDRESS

Bel Air Md

VS 150

49068

131 B



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

184

51 2617

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2617

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>SARAH Schaftei</i>		2. DATE OF DEATH <i>Mar 20 1951</i>	
3. PLACE OF DEATH: a. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) a. STATE <i>Maryland</i> b. COUNTY			
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>The Sinai Hospital</i>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>15-10</i>			
5. Length of stay in Baltimore <i>56 yrs.</i>		d. STREET ADDRESS (If rural, give location) <i>3906 Ridgewood Avenue</i>			
5. SEX <i>female</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>1876</i>	9. AGE (In years last birthday) <i>75</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>own home</i>		11. BIRTHPLACE (State or foreign country) <i>Russia</i>	
12. CITIZEN OF WHAT COUNTRY? <i>USA.</i>		13. FATHER'S NAME <i>Abbe Cohen</i>			
14. MOTHER'S MAIDEN NAME <i>Minnie ?</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS <i>Joseph B. Schaftei- 3400 Dorchester Road</i>			
18. <i>155X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>cardiac failure</i> DUE TO (A) <i>cardiac failure</i> DUE TO (B) <i>Metastatic carcinoma</i> DUE TO (C) <i>Metastatic carcinoma</i> INTERVAL BETWEEN ONSET AND DEATH <i>3-18-51</i> <i>3-20-51</i> <i>2-28-51</i> <i>3-20-51</i> (over)					
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
19a. DATE OF OPERATION <i>Mar-2, 1951</i>		19b. MAJOR FINDINGS OF OPERATION <i>metastatic carcinoma</i>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <input type="checkbox"/>		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Feb 28</i> , 1951, to <i>Mar 20</i> , 1951, that I last saw the deceased alive on <i>Mar. 20</i> , 1951, and that death occurred at <i>3 a. m.</i> , from the causes and on the date stated above.					
23a. SIGNATURE <i>Elmer B. Bengard</i> M. O.		23b. ADDRESS <i>Sinai Hospital</i>		23c. DATE SIGNED <i>Mar 20 1951</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>3/21/51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Rosedale</i>	
24d. LOCATION (City, town, or county) (State) <i>Baltimore, Maryland</i>		24e. NAME OF CEMETERY OR CREMATORY <i>Beth Hamedrosh Hagodol</i>		24f. LOCATION (City, town, or county) (State) <i>Baltimore, Maryland</i>	
25. FUNERAL DIRECTOR <i>Sol. Linnson & Bros.</i>		25. FUNERAL DIRECTOR <i>Sol. Linnson & Bros.</i>		25. FUNERAL DIRECTOR <i>Sol. Linnson & Bros.</i>	
26. LOCAL REGISTRAR <i>Mar 21 1951</i>		26. LOCAL REGISTRAR <i>Mar 21 1951</i>		26. LOCAL REGISTRAR <i>Mar 21 1951</i>	
27. REGISTRAR'S SIGNATURE <i>Wm. H. ...</i>		27. REGISTRAR'S SIGNATURE <i>Wm. H. ...</i>		27. REGISTRAR'S SIGNATURE <i>Wm. H. ...</i>	
28. ADDRESS <i>46F Avenue</i>		28. ADDRESS <i>46F Avenue</i>		28. ADDRESS <i>46F Avenue</i>	

Was there any indication
in deceased's clinical record
of the probable primary site
of the malignancy?

"Abdominal region ---

Liver, peritoneum, possibly primary
in gall bladder, peritoneum implants in
small bowel"

See Document File 51-2617

4/10/51

ES

Also, - may we have the
anatomical regions to which
the malignancy had spread at
time of death? please?

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ISADORE FRIEDLANDER

2. DATE
OF
DEATH

MARCH 20, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR
INSTITUTION

1117 Bayard St

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 21-02

D. STREET ADDRESS (If rural, give location)

1117 Bayard St

c. Length of stay in Baltimore

45

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9. AGE (In years

last birthday)

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

68

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Grocer

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Israel

14. MOTHER'S MAIDEN NAME

Sarah

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Frieda Glass - 3730 Doffield Ave

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) CARCINOMA OF PROSTATE

DUE TO WITH METASTASES

INTERVAL BETWEEN
ONSET AND DEATH

4 YRS.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

No

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from SEP. 1949, to MARCH 20, 1951, that I last saw the
deceased alive on MARCH 20, 1951, and that death occurred at 9:45 m., from the causes and on the date stated above.

23A. SIGNATURE

Marvin Goldstein

M. D.

23B. ADDRESS

5334 Liberty Heights

23C. DATE SIGNED

3/20/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 21 1951

Funeral Home, 2100 East Ave

2100 East Ave

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians write the causes of death clearly and legibly.

51 2619

51 2619

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rummie Dale Dixon

2. DATE
OF
DEATH

3-18-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

2nd

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Balto

11-03

D. STREET ADDRESS (If rural give location)

421 W. Monument

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

N

7. SINGLE (MARRIED)
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Nov-1911

9. AGE (In years
last birthday)

40

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

domestic

10B. KIND OF BUSINESS OR INDUSTRY

Private

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHICH COUNTRY?

U.S.A.

13. FATHER'S NAME

7.

14. MOTHER'S MAIDEN NAME

Emma Ricketts

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give year or dates of service)

no

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT

ADDRESS

Ada Hligon - 421-Monument

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Venous
DUE TO malignant

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive cardio vascular
DUE TO renal disease & anemia
(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from 3-7 1951 to 3-18, 1951 that I last saw the deceased alive on 3-18, 1951, and that death occurred at 6 Pm., from the causes and on the date stated above.

23A. SIGNATURE

Ve. Hligon

M. D.

23B. ADDRESS

U. Hligon

23C. DATE SIGNED

3-18-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3/22/51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24D. LOCATION (City, town, or county) (State)

Cedar Hill Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

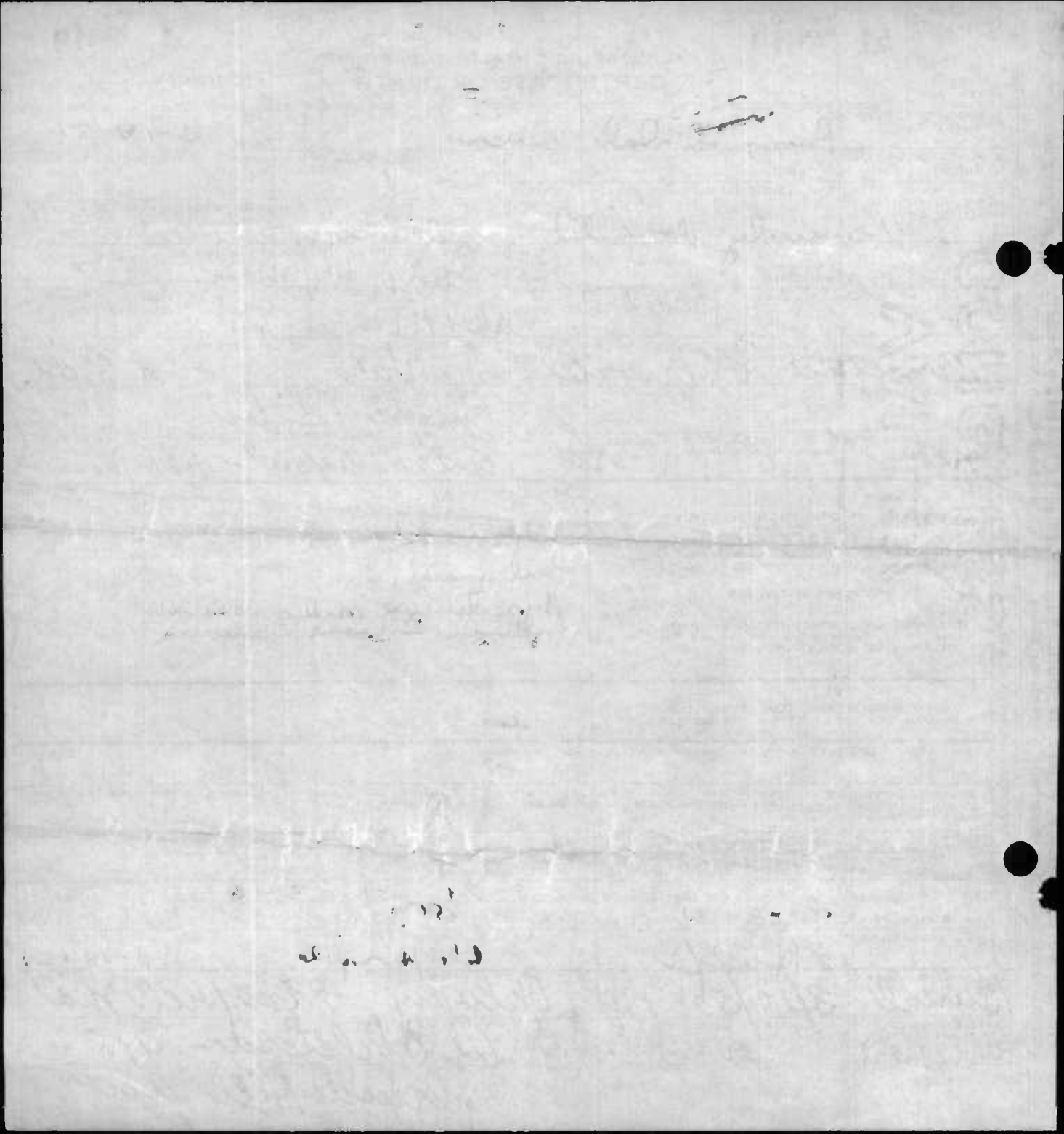
Wm. Hligon

25. FUNERAL DIRECTOR

A. Hulstead - 918 -

ADDRESS

Shruid Hill Ave.



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

R-300

51 2620

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2620
Registered No.

BIRTH NO.		
1. NAME OF DECEASED (Type or Print) WALTER REID		2. DATE OF DEATH March 18, 1951
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY
B. FULL NAME OF (If not in hospital or institution, give street address or location) Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 11-03
D. STREET ADDRESS (If rural, give location) 445 Little Monument Street		
E. Length of stay in Baltimore Yrs. Mos. Days		
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Separated
8. DATE OF BIRTH Dec. 4, 1923	9. AGE (In years last birthday) 27	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mechanic		10B. KIND OF BUSINESS OR INDUSTRY Tire Co.
11. BIRTHPLACE (State or foreign country) S. C.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME Arthur Reid		14. MOTHER'S MAIDEN NAME Minnie Walker
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes W. W. #2 - 55-14-7813		16. SOCIAL SECURITY NO. 445-145-145
17. INFORMANT Minnie Reid - Monument St		

B. E982X1		CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Stab wound of chest involving heart and diaphragm	
ANTECEDENT CAUSES		(B) None	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C) None	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home		21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR? 445 Little Monument Street	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY March 18, 1951 9:30 P. m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Stabbed during an altercation	

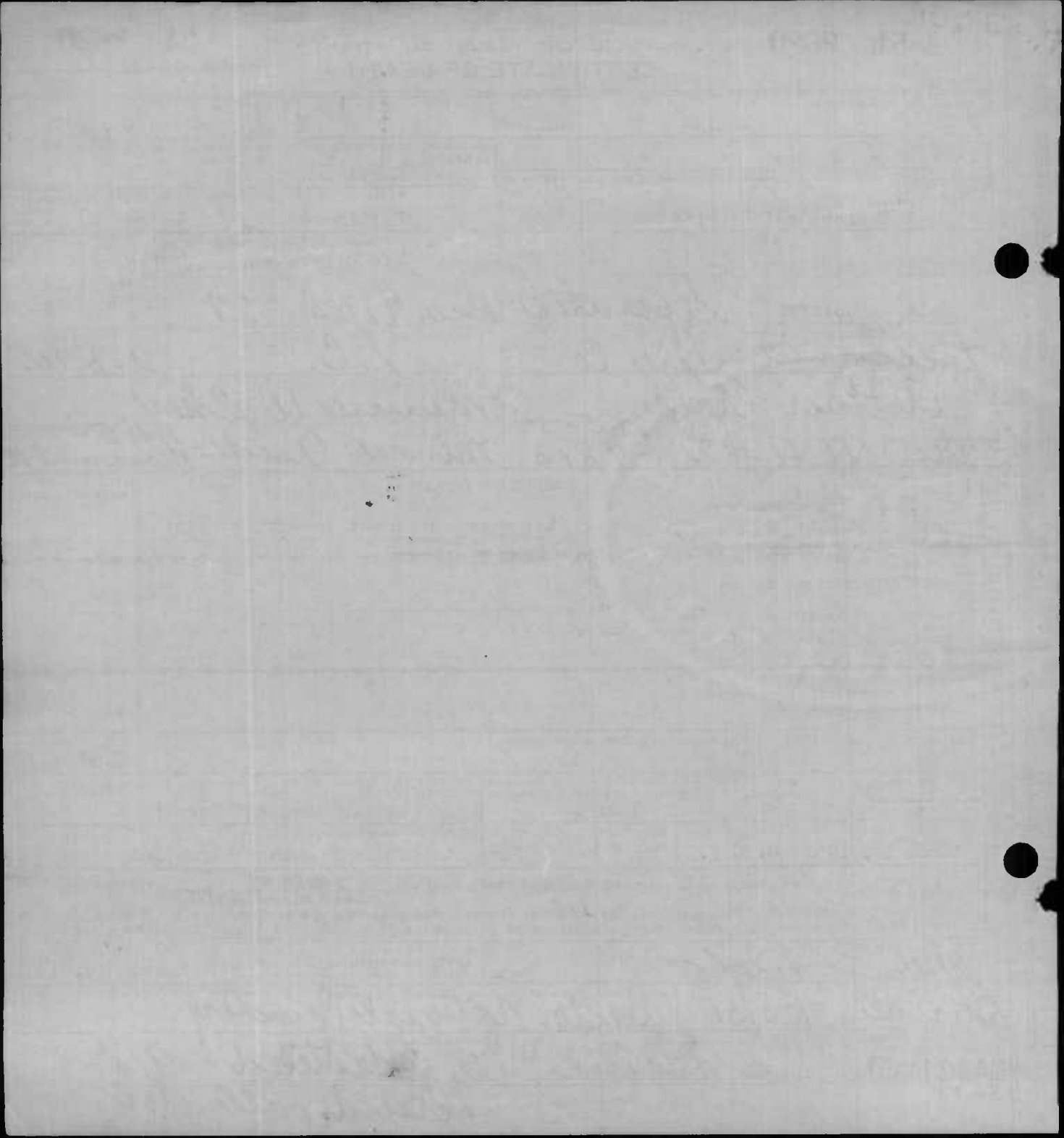
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

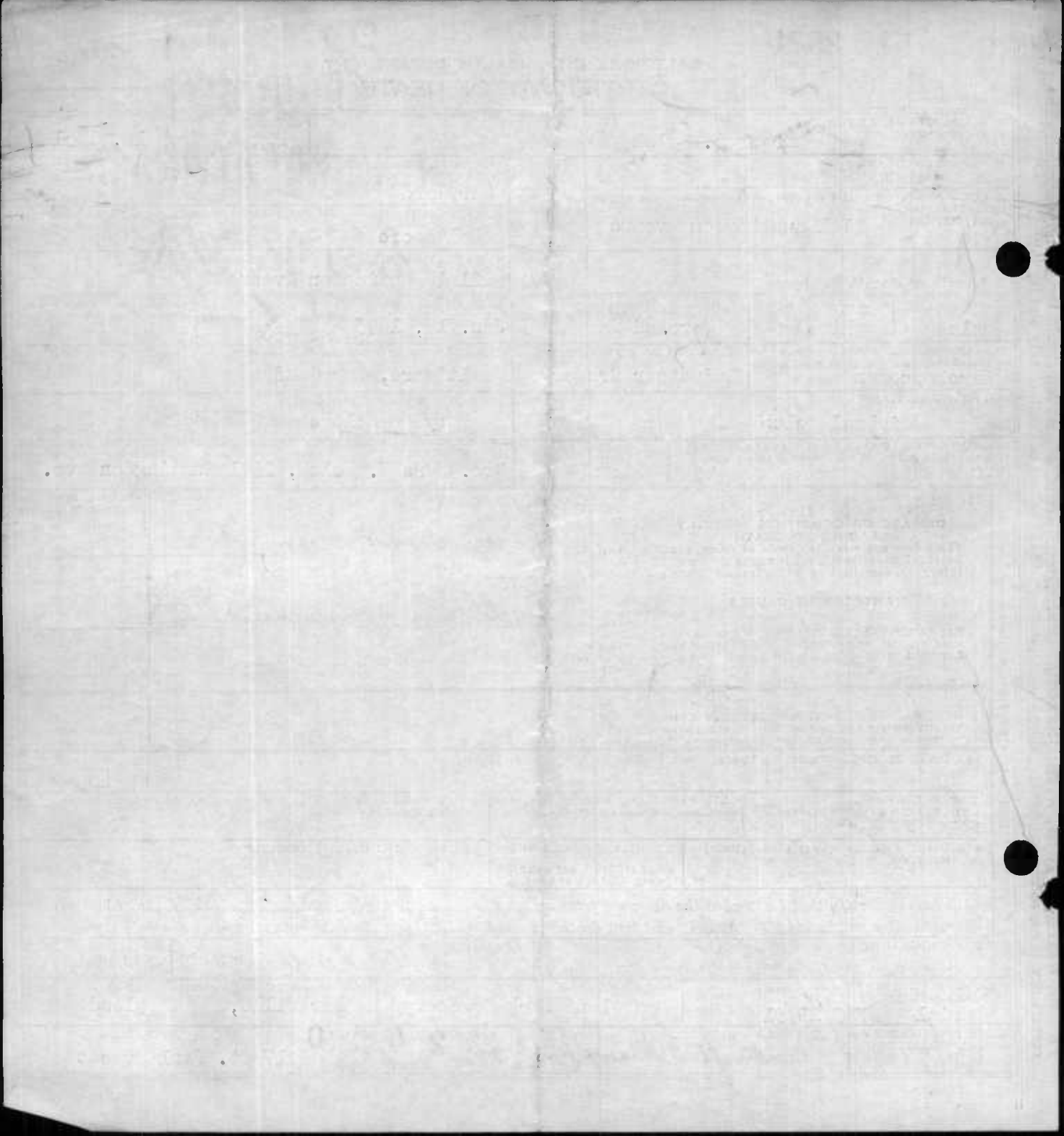
23A. SIGNATURE
William H. Holstead
23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ M.D. MEDICAL INVESTIGATOR ☐
23C. DATE SIGNED
March 19, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial
24B. DATE
3/23/51
24C. NAME OF CEMETERY OR CREMATORY
Balto. National Cemetery
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR
MAR 21 1951
REGISTRAR'S SIGNATURE
William H. Holstead
25. FUNERAL DIRECTOR
W. Holstead - 918 -
ADDRESS
Harold Hill, Ave.

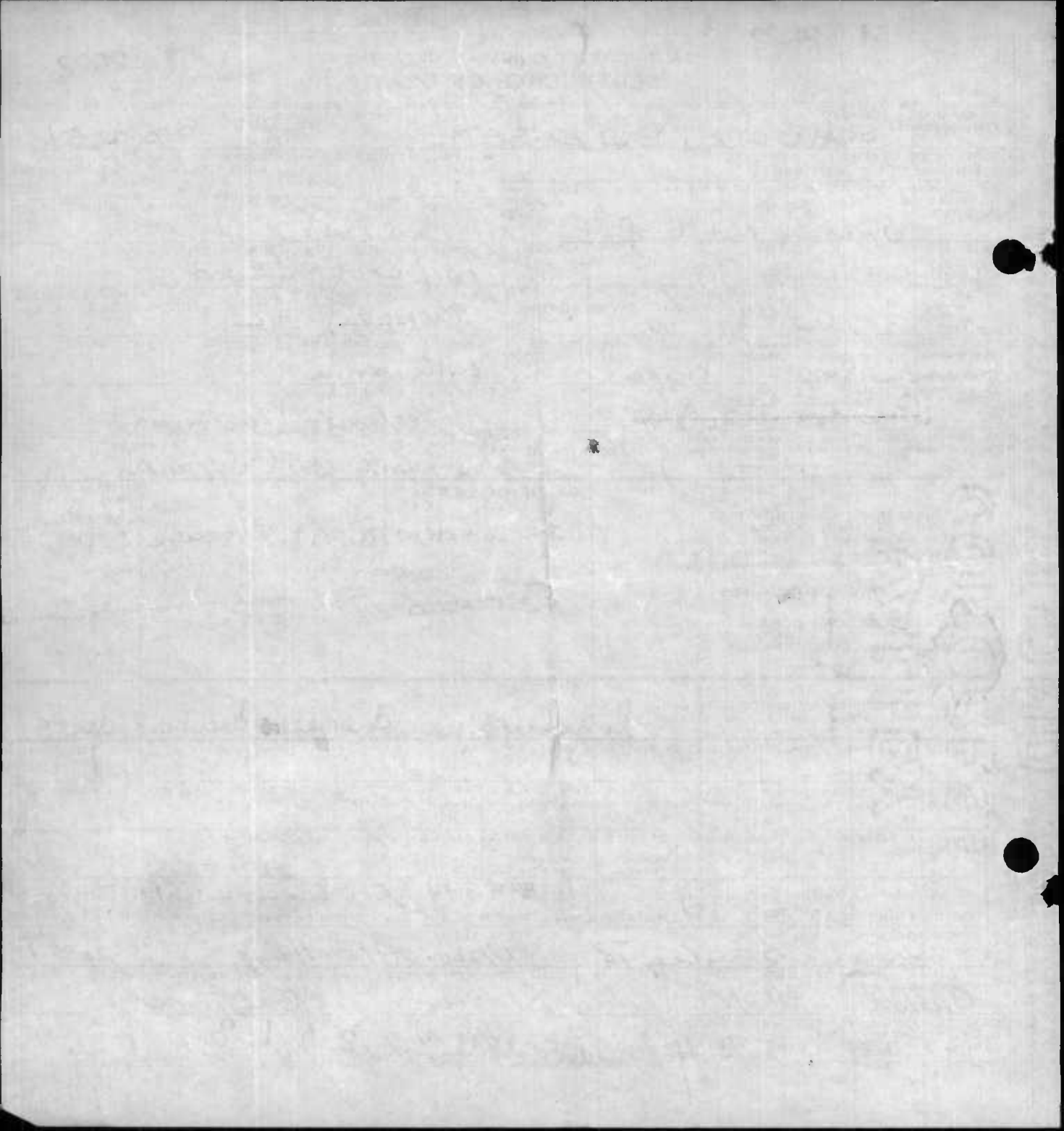
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N-862.2 550 65





PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2622		BALTIMORE CITY HEALTH DEPARTMENT		51 2622	
BIRTH NO.		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print) SCHULTZ, ELIZABETH			2. DATE OF DEATH 3-20-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE MD B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Unw. of Md Hosp			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-09		
D. STREET ADDRESS (If rural, give location) 1311 Crofton Road			Yrs. Mos. Days		
5. SEX F			6. COLOR OR RACE W		
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W			8. DATE OF BIRTH 1883		
9. AGE (In years last birthday) 67 (64)			10. Under 1 Year Months: Days		
11. Under 24 Hours Hours: Min.			12. CITIZEN OF WHAT COUNTRY?		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10B. KIND OF BUSINESS OR INDUSTRY home		
13. FATHER'S NAME Vincent Wilkos (Charles - 600 - 1111)			14. MOTHER'S MAIDEN NAME Gertrude (Unknown)		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		
17. INFORMANT Elna Schultz			ADDRESS 1311 Crofton Rd.		
1B. 420.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) arterio sclerotic ht. disease			INTERVAL BETWEEN ONSET AND DEATH unknown		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. R. hemiplegia, diabetes decubitus ulcers					
19A. DATE OF OPERATION none			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)					
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 3-13-51 to 3-20 , 19 51 that I last saw the deceased alive on 3-20 , 19 51 and that death occurred at 10:55 m., from the causes and on the date stated above.					
23A. SIGNATURE Charles Bagley, Jr.			23B. ADDRESS Univ. of Md. Hosp		
23C. DATE SIGNED 3-20-51					
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE 3/23/51		
24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer			24D. LOCATION (City, town, or county) (State) Balto Md.		
DATE RECEIVED BY LOCAL REGISTRAR MAR 21 1951			REGISTRAR'S SIGNATURE Huntington Williams		
25. FUNERAL DIRECTOR Wm. C. C. Co. Inc.			ADDRESS 627 St. Paul St.		



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

51 2623		BALTIMORE CITY HEALTH DEPARTMENT		51 2623	
BIRTH NO.		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH		3/17/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		Md.	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN		Balto.	
316 N. Mount St		D. STREET ADDRESS (If rural, give location)		316 N. Mount St.	
c. Length of stay in Baltimore		Yrs. Mos. Days		30 yrs	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (in years last birthday)	10. Under 1 Year Months: Days
F	C	W.	Jan. 19-1877	74	11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)	
Housewife		-		Md.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		12. CITIZEN OF WHAT COUNTRY?	
William White		Fannie		U.S.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
-		-		William Gaines - 316 N. Mount St	
18. 332X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
(A) DUE TO		Cerebral Thrombosis		18 days	
ANTECEDENT CAUSES		(B) DUE TO			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		Hypertension			
(C) DUE TO					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Feb 25, 1951, to Mar 17, 1951, that I last saw the deceased alive on Mar 17, 1951, and that death occurred at 4P m., from the causes and on the date stated above.		23A. SIGNATURE		23B. ADDRESS	
Douglas Shepperd		404 N. Fulton Ave		23C. DATE SIGNED	
24A. BURIAL CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
13		3/21/51		Abertus Mem. Park	
24D. LOCATION (City, town, or county) (State)		24E. FUNERAL DIRECTOR		24F. ADDRESS	
Balto. Co. - Md.		Samuel W. Sullivan Jr		1011 N. Calington Ave	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
MAR 21 1951		[Signature]		1011 N. Calington Ave	
VS 150				83B	

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

51 2624

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2624

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anthony J. Timmerman

2. DATE
OF
DEATH

March 20, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

1060 Caton Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Ind

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Jenkins' Memorial Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 15-06

D. STREET ADDRESS (If rural, give location)

3108 Walbrook Ave

C. Length of stay in Baltimore

77

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

Nov. 2, 1874

9. AGE (In years
last birthday)

76

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Policeman

10B. KIND OF BUSINESS OR
INDUSTRY

Retired

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Bernard Timmerman

14. MOTHER'S MAIDEN NAME

Elyabeth Eilers

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

-

17. INFORMANT

ADDRESS

Wm. A. Sall - see N. Charles St

18. *443 X*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) *HYPERTENSIVE ARTERIO -*
DUE TO *SCLEROTIC CARDIO - VASCULAR*
DISEASE & CONGESTIVE
(B) *FIBROSIS*
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C) *PNEUMONIA*

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from *7/1*, 19*50*, to *3/21*, 19*51* that I last saw the
deceased alive on *3/18*, 19*51*, and that death occurred at *7:15 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE

John H. Allen

M. D.

23B. ADDRESS

20. Agnes Ave

23C. DATE SIGNED

3/20/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Mar 22 1951

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral

24D. LOCATION (City, town, or county) (State)

Balt. Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Washington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

W. Jenkins, Sons to 4905 York Rd

MAR 21 1951

VS 150

937

CERTIFICATE OF DEATH

STATE OF NEW YORK

DEPARTMENT OF HEALTH

ALBANY

1900

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630

51 2625

GARRETT

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

51 2625

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Daisy Garrett

2. DATE
OF
DEATH

3-20-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Univ. Hosp

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Ind

B. COUNTY

haroldine

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Federalburg, Md.

D. STREET ADDRESS (If rural, give location)

Federalburg on D 5500

C. Length of stay in Baltimore

12 Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb 22 1890

9. AGE (in years last birthday)

10. Under 1 Year Months Days
11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Boss

14. MOTHER'S MAIDEN NAME

Ryder Thomas

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Ralph Garrett Federalburg Md.

18. *181X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) *Measenteric thrombosis, superior*

24 hrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Uterovaginal stenosis & Spasmodic*

DUE TO

(C) *Papillary Ca. of the bladder*

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

3-9-51

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Bladder

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *3-8-51*, 19 *to* *3-20-51*, 19, that I last saw the deceased alive on *9:30 PM*, 19, and that death occurred at *9:40 PM*, from the causes and on the date stated above.

23A. SIGNATURE

W. S. Bannan

23B. ADDRESS

Univ. Hosp

23C. DATE SIGNED

3-21-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-25-51

24C. NAME OF CEMETERY OR CREMATORY

Wesley

24D. LOCATION (City, town, or county) (State)

Federalburg, Md

DATE RECEIVED BY LOCAL REGISTRAR

MAR 21 1951

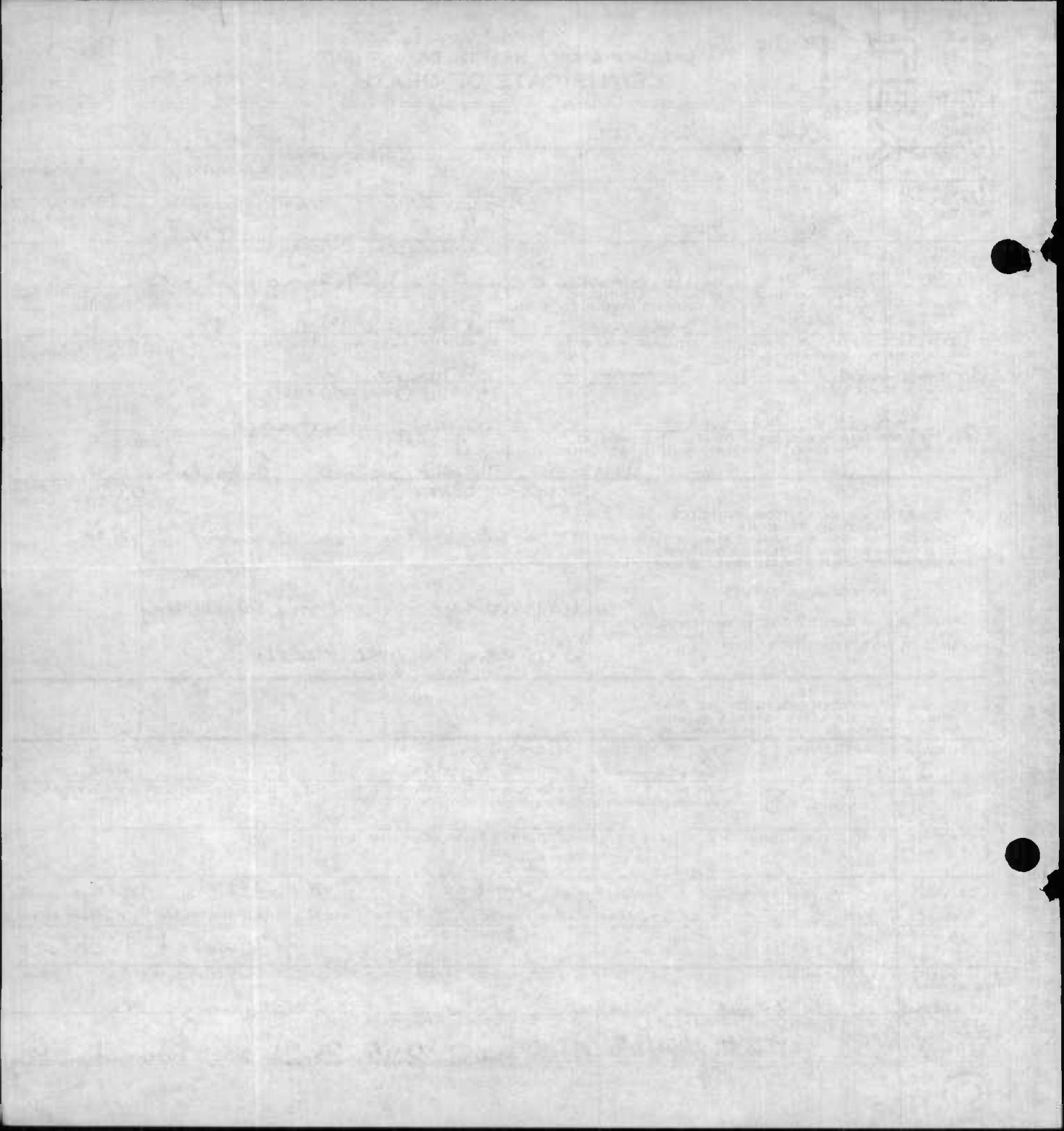
REGISTRAR'S SIGNATURE

Wesley

25. FUNERAL DIRECTOR

ADDRESS

2503 Edmondson Ave



PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-635

51 2626

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2626

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARILYN

MARTIN

2. DATE
OF
DEATH

March 20, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF DECEASED (If not in hospital or institution, give street address or location)

1137 Pennsylvania Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1137 Pennsylvania Ave.

E. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

4-11-36

9. AGE (In years last birthday)

14

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN, OF WHAT COUNTRY?

13. FATHER'S NAME

Issac Martin

14. MOTHER'S MAIDEN NAME

Sadie Martin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Sadie Martin 1137 Pennsylvania Ave.

18.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary tuberculosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley A. Dunacher M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED
March 20, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

3/24/51

Mount Auburn

Baltimore, Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

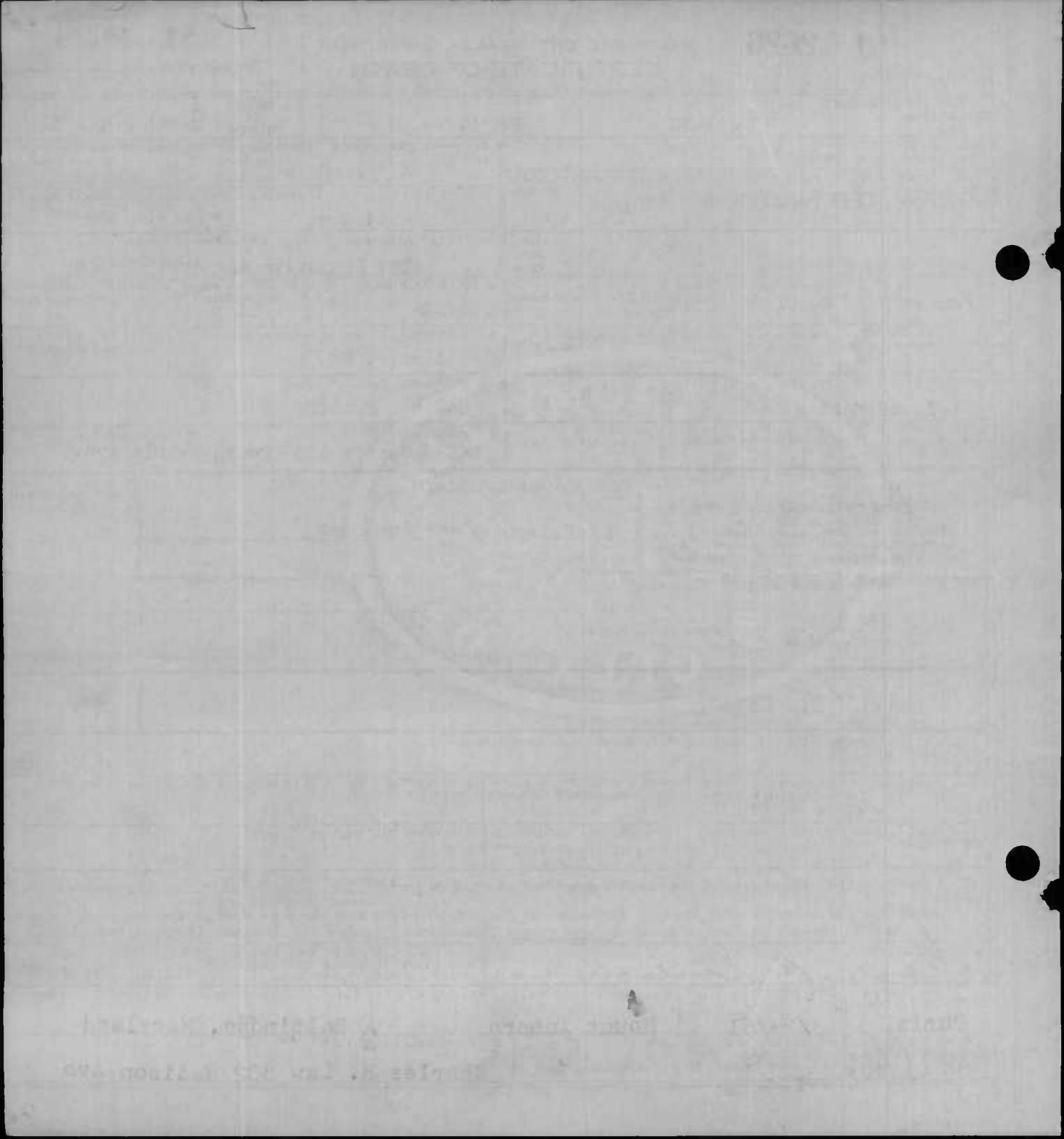
MAR 21 1951

Washington Williams

Charles R. Law 802 Madison Ave

V S 151

13B C



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2627

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2627

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Anna L. Catlin

2. DATE
OF
DEATH

March 17, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

I6I2 E. Biddle St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

I6I2 E. Biddle St.

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

Yrs.
Mos.
Days

8. DATE OF BIRTH

March 29, 1886

9. AGE (in years
last birthday)

64

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Carey

14. MOTHER'S MAIDEN NAME

Mary Jane Carey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

John Catlin I6I2 E. Biddle St.

18.

592x
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Urinary Toxemia

INTERVAL BETWEEN
ONSET AND DEATH

1 mo

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

Chronic Interstitial Nephritis

2 yrs

DUE TO

(C)

Mitral Insufficiency

2 yrs

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Arterio-sclerotic, Cerebral Hemorrhage → 3 mos

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from Jan, 1951, to March 17, 1951, that I last saw the deceased alive on 3/16, 1951, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Ralph J. Young

M. D.

23B. ADDRESS

1424 E. Monument St

23C. DATE SIGNED

3/20/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/21/51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24D. LOCATION (City, town, or County) (State)

4. A. A. County Md.

DATE RECEIVED BY
LOCAL REGISTRAR

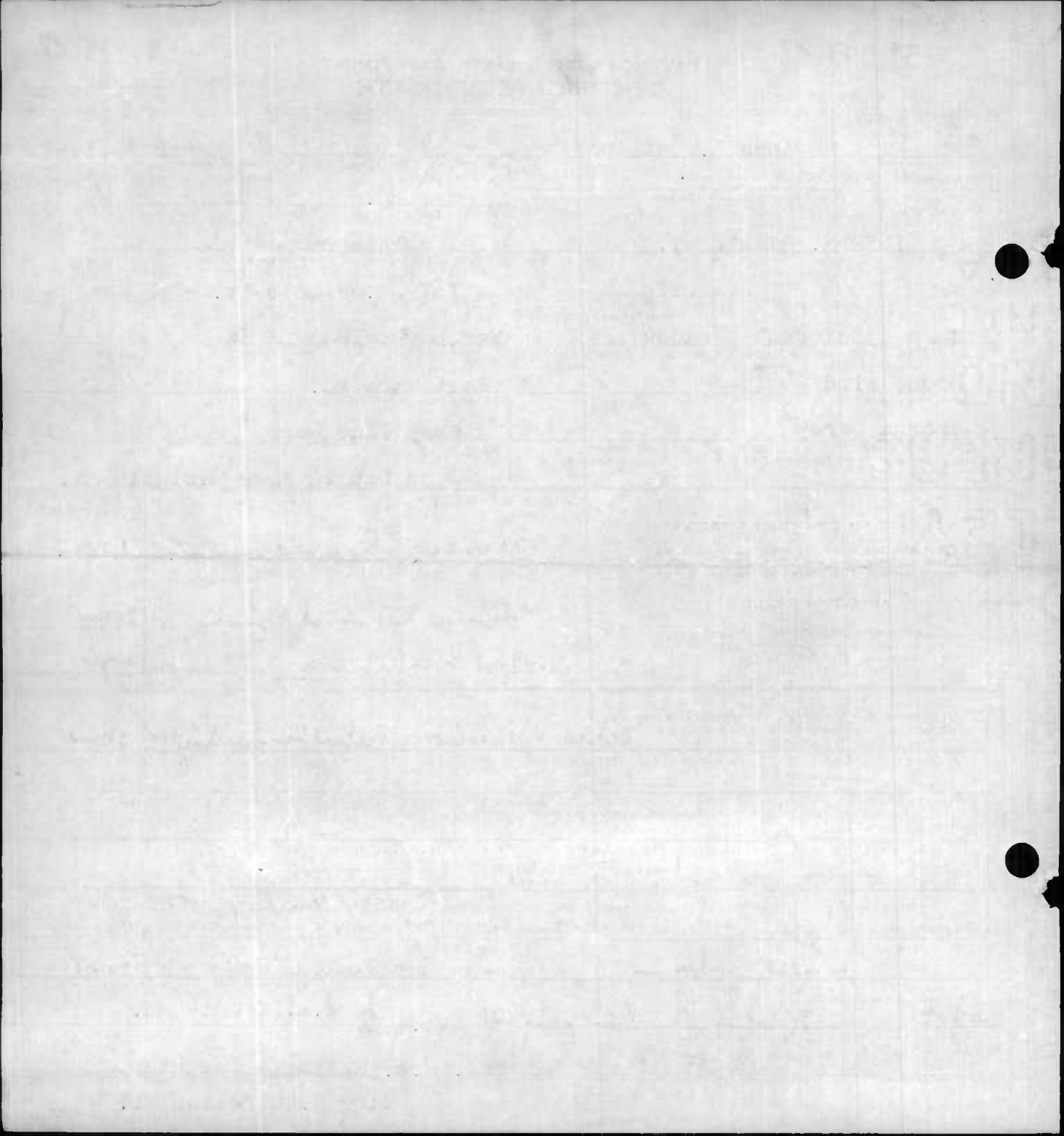
REGISTRAR'S SIGNATURE

Walter J. Williams

25. FUNERAL DIRECTOR

ADDRESS

Mrs. R. A. Elliott & Daughter



BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

GLADYS WATERS

2. DATE OF DEATH

3-19-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE _____ B. COUNTY _____

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)
Balto 15-61

D. STREET ADDRESS (If rural, give location)
15-13 Mountmor Ct.

E. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

N

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

12-15-

9. AGE (In years last birthday)

35

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H. Wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Ind

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Adrian Brown

14. MOTHER'S MAIDEN NAME

Carrie Tibbs

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

1B. 340.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

meningitis, pneumonia

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-28, 1951 to 3-19, 1951, that I last saw the deceased alive on 3-19, 1951, and that death occurred at 7:30 P.m., from the causes and on the date stated above.

23A. SIGNATURE

V. Kuffer

23B. ADDRESS

1000 W. 10th St.

23C. DATE SIGNED

3-21-51

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

25. FUNERAL DIRECTOR

ADDRESS

1303

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

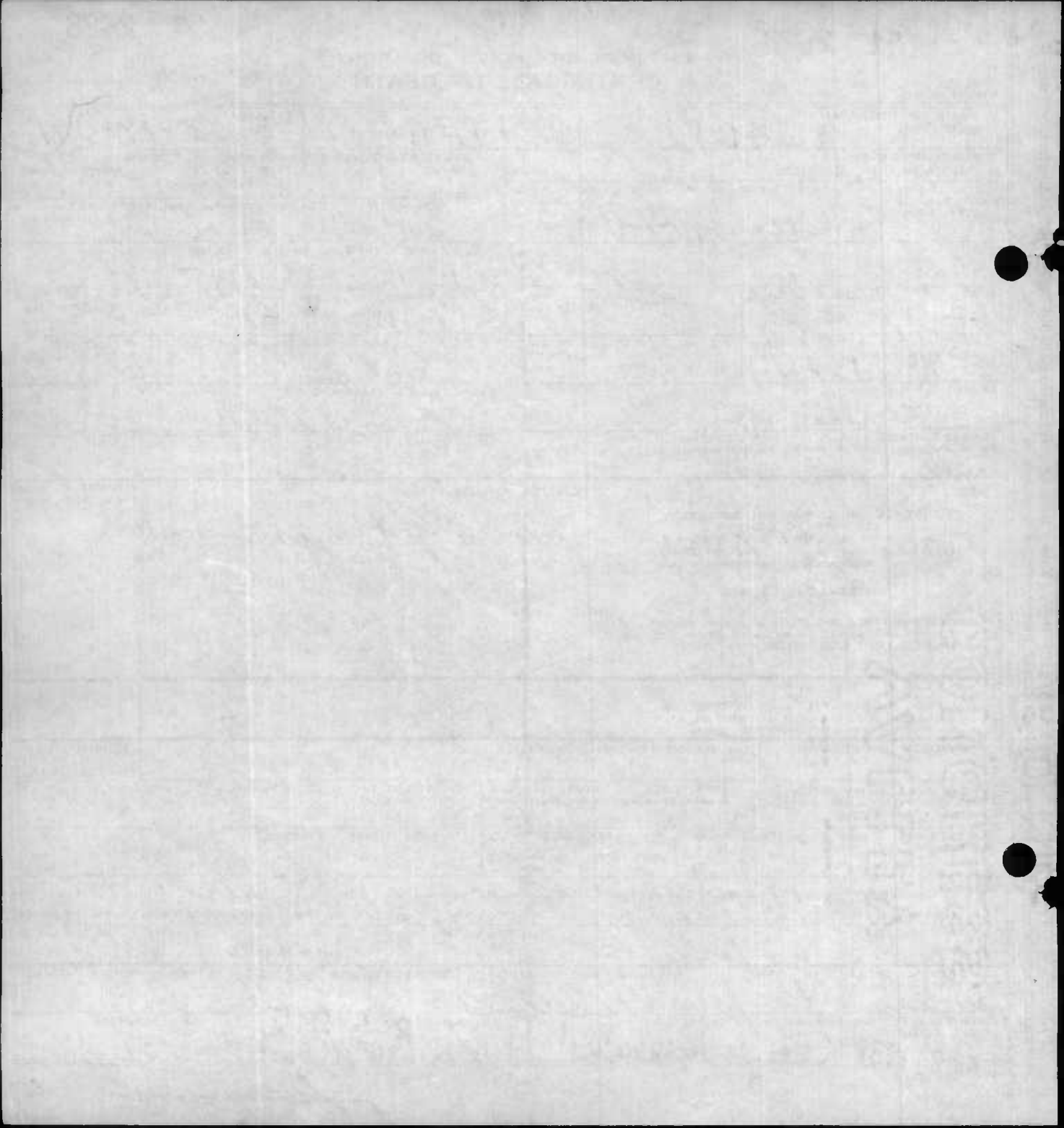
25. FUNERAL DIRECTOR

MAR 21 1951

VS 150

Presman

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

EDUKAT

2629

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2629

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Gustave J. Edukat

2. DATE
OF
DEATH

March 20, 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Bon Secours Hospital

c. Length of stay in Baltimore

26 years

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10b. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Gustave Edukat

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes

World War II

16. SOCIAL SECURITY NO.

214-01-8579

8. DATE OF BIRTH

11/4/09

9. AGE (in years last birthday)

41

11 Under 1 Year
Months: Days

12 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Pennsylvania

12. CITIZEN OF
WHAT COUNTRY?
U.S.

14. MOTHER'S MAIDEN NAME

Augusta Huffens

17. INFORMANT

ADDRESS

Josephine Edukat, 29 N. Catherine St.

18. 151X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(A) Massive hemorrhage from suture line
DUE TO of anastomosis of transverse colon
due to erosion.
(B) Carcinoma of stomach (primary site)
DUE TO with metastasis to mesentery and
(C) ileum.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

2/22/51

19b. MAJOR FINDINGS OF OPERATION

Carcinoma of Stomach, int. obstruction

20. AUTOPSY?

YES ☐ NO ☐

21a. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21b. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/22/51, 19__, to 3/20/51, 19__, that I last saw the deceased alive on 3/20/51, 19__, and that death occurred at 3:10 p.m. from the causes and on the date stated above.

23a. SIGNATURE

C. J. Castellano

M. O.

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24b. DATE

March 23/51

24c. NAME OF CEMETERY OR CREMATORY

New Cathedral Cemetery Balto. 29, Md.

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. VENERAL DIRECTOR

ADDRESS

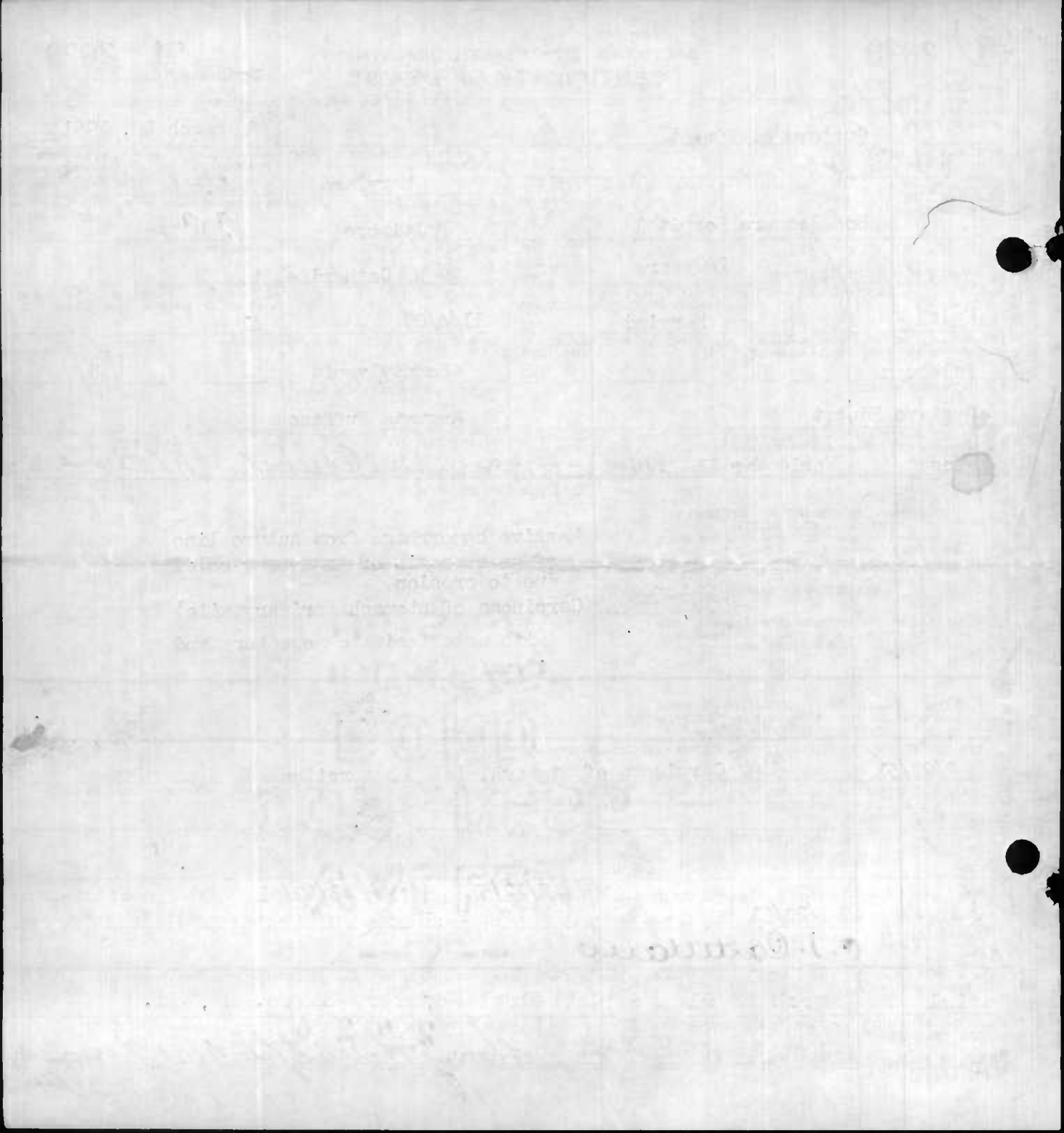
MAR 21 1951

Harry H. Witzke

4101 Edmond

49035

46B



PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2630

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Samuel H. Fisher

2. DATE
OF
DEATH

March 20, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

2422 Briarwood Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2422 Briarwood Road

C. Length of stay in Baltimore

65 years

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

Feb. 9, 1858

9. AGE (in years
last birthday)

93

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Jockey

10B. KIND OF BUSINESS OR
INDUSTRY

Retired about 50 yrs.

11. BIRTHPLACE (State or foreign country)

New York

12. CITIZEN OF
WHAT COUNTRY?

U S A

13. FATHER'S NAME

William Hall Fisher

14. MOTHER'S MAIDEN NAME

Margaret -----

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Mable F. Graham 5616 Pimlico Road

18.

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE

DUE TO

3 YRS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) GENERALIZED ARTERIOSCLEROSIS

DUE TO

?

(C) -----

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from DEC 1, 1950, to MAR 20, 1951, that I last saw the
deceased alive on MAR 20, 1951, and that death occurred at 5:25 a.m., from the causes and on the date stated above.

23A. SIGNATURE

John M. Scott M. D.

23B. ADDRESS

8 Longwood Road

23C. DATE SIGNED

3/20/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

March 22, 1951

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Pikesville, Maryland

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burgee Funeral Home 3631 Falls Road

MAR 21 1951

VS 150

937

March 20, 1941

General - Boston

Dear Sir:

Dear Sir:

Dear Sir:

Dear Sir:

Dear Sir:

Dear Sir:

Dear Sir:

Dear Sir:

Dear Sir:

Dear Sir:

Dear Sir:

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Dear Sir:

Dear Sir:

Dear Sir:

Dear Sir:

Dear Sir:

Dear Sir:

Dear Sir:

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **51 2631**

BIRTH NO. **2631**

1. NAME OF DECEASED (Type or Print) PERKINS Ellen Kilpatrick		2. DATE OF DEATH March 21/1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 100 W University City B. FULL NAME OF HOSPITAL OR INSTITUTION at home		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md B. COUNTY Baltimore C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 12-01 D. STREET ADDRESS (If rural, give location) 100 W University City	
5. SEX Female 6. COLOR OR RACE White 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Feb 16/1877 9. AGE (In years last birthday) 74 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none 10B. KIND OF BUSINESS OR INDUSTRY none		11. BIRTHPLACE (State or foreign country) Balto Md 12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME Wm. D. Kilpatrick		14. MOTHER'S MAIDEN NAME Rebecca H. Perkins	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no 16. SOCIAL SECURITY NO. no		17. INFORMANT Mary E. Kilpatrick (sister) ADDRESS Balto	

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Carcinoma of uterus**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic Heart Disease

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an **Inspection** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE R. S. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED 3/21/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Cremation		24B. DATE 3-23-51		24C. NAME OF CEMETERY OR CREMATORY Green Mount	
24D. LOCATION (City, town, or county) Balto Md		24E. LOCATION (State) Balto Md		24F. LOCATION (Country) US	

DATE RECEIVED BY LOCAL REGISTRAR MAY 21 1951		REGISTRAR'S SIGNATURE Huntington		25. FUNERAL DIRECTOR Stewart Montufo	
ADDRESS 4812		ADDRESS Balto		ADDRESS Balto	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians please write the causes of death clearly and fully.

616
2632

DURBOROW
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2632
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Samuel Bane Durborow

2. DATE
OF
DEATH

Mar-20-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Bellona Ave

B. FULL NAME OF (If not in hospital or institution, give street address or HOSPITAL OR INSTITUTION)

Edgewood Nursing Home

C. Length of stay in Baltimore

probably 30

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

Widowed

8. DATE OF BIRTH

June-19-1860

9. AGE (In years last birthday)

90

10. Under 1 Year

Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

none

11. BIRTHPLACE (State or foreign country)

Phila. Pa.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Rev. Durborow

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

924 Hooper - Balto Md

ADDRESS

18.

151X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Stomach

INTERVAL BETWEEN ONSET AND DEATH

1 yr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Metastasis in Liver

1 mo

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Feb-1-1951, to Mar-20-1951, that I last saw the deceased alive on Mar-19-1951, and that death occurred at 5 A m., from the causes and on the date stated above.

23A. SIGNATURE

E. Gell Hall MD

M. D.

23B. ADDRESS

1631 E North Ave

23C. DATE SIGNED

Mar-21-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Mar-21-51

24C. NAME OF CEMETERY OR CREMATORY

Green Ridge

24D. LOCATION (City, town, or county)

Likesville Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

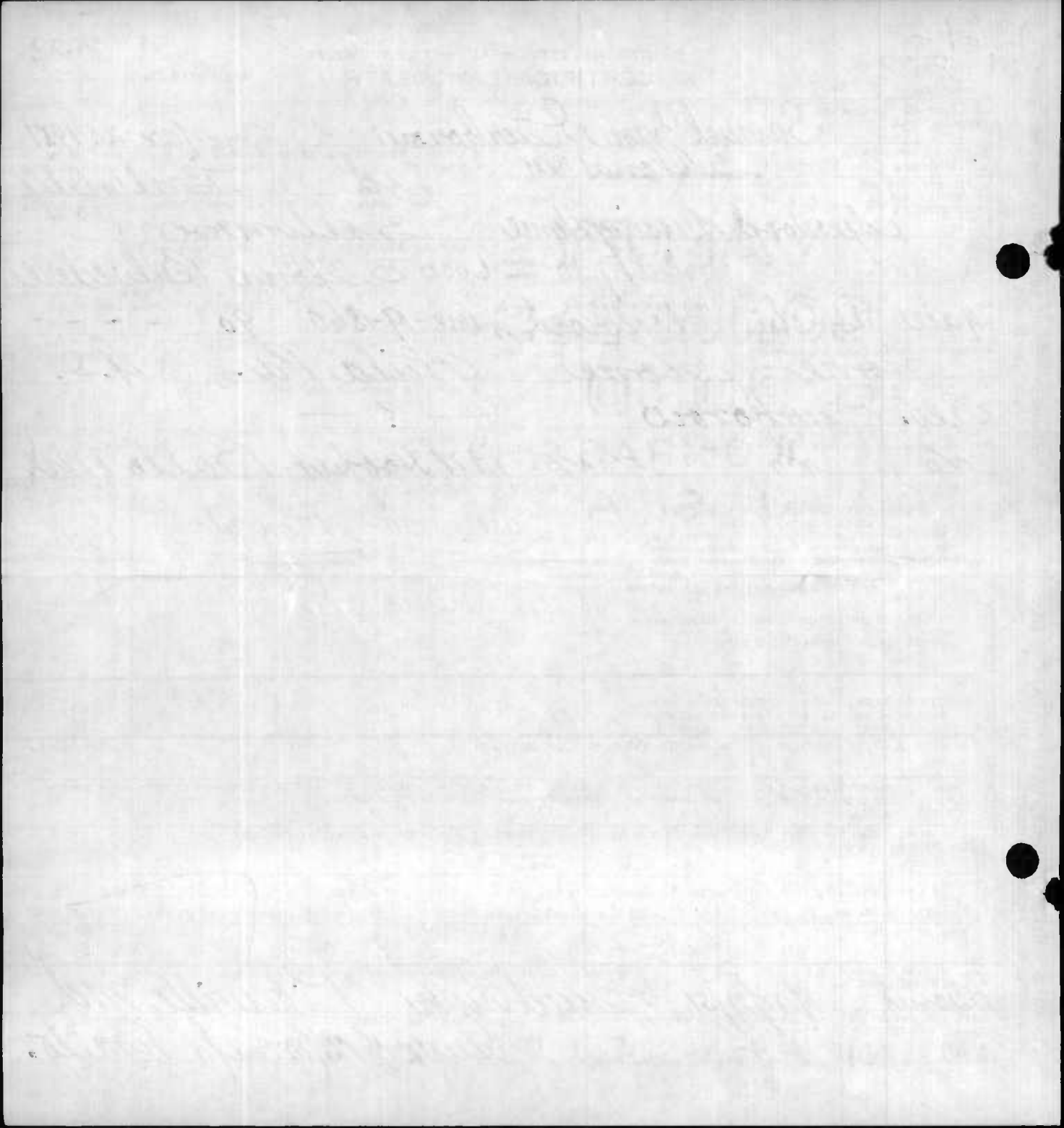
MAR 21 1951

Funeral Home

Seibert & Son Balto.

VS 150

46 B



MARYLAND STATE DEPARTMENT OF HEALTH

51 2633

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No.....

1. PLACE OF DEATH-

COUNTY

Baltimore

MARYLAND

CITY (If outside corporate limits, write RURAL and give nearest town)

LENGTH OF STAY (If this place)

TOWN Catonsville

HOSPITAL OR INSTITUTION OR STREET ADDRESS

Hood Nursing Home

2. USUAL RESIDENCE (HOME) OF DECEASED-

STATE

Maryland

COUNTY

CITY (If outside corporate limits, write RURAL and give nearest town)

TOWN Baltimore

STREET ADDRESS

2726 Mosher St.

NAME OF DECEASED (Type or Print)

(First) Sarah

(Middle) M

(Last) Windsor

4. DATE OF DEATH

(Month) Mar.

(Day) 20

(Year) 1951

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

Widowed

8. DATE OF BIRTH

June 18, 1868

9. AGE last birthday

82 yrs.

If under 1 year Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

Home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Francis Lickle

14. MOTHER'S MAIDEN NAME

Sarah ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)

no

16. SOCIAL SECURITY No.

none

17. INFORMANT AND ADDRESS

Mrs. B.H.Duff 2726 Mosher St.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a) Arteriosclerotic hypertensive cardiovascular disease

5 yrs +

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from August, 1947., to 20 March, 1951., that I last saw the deceased alive on 18 March, 1951., and that death occurred at 12:20 P. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

Johna Heston J.

M.D.

20 E. Preston St., Balt. 2, Md.

21 March 51.

23. BURIAL, CREMATION REMOVAL (Specify)

DATE

NAME OF CEMETERY OR CREMATORY

LOCATION (City, town, or county)

(State)

Burial

3/23/51

Loudon Park

Baltimore Maryland

DATE REC'D BY LOCAL REG

REGISTRAR'S SIGNATURE

24. FUNERAL DIRECTOR

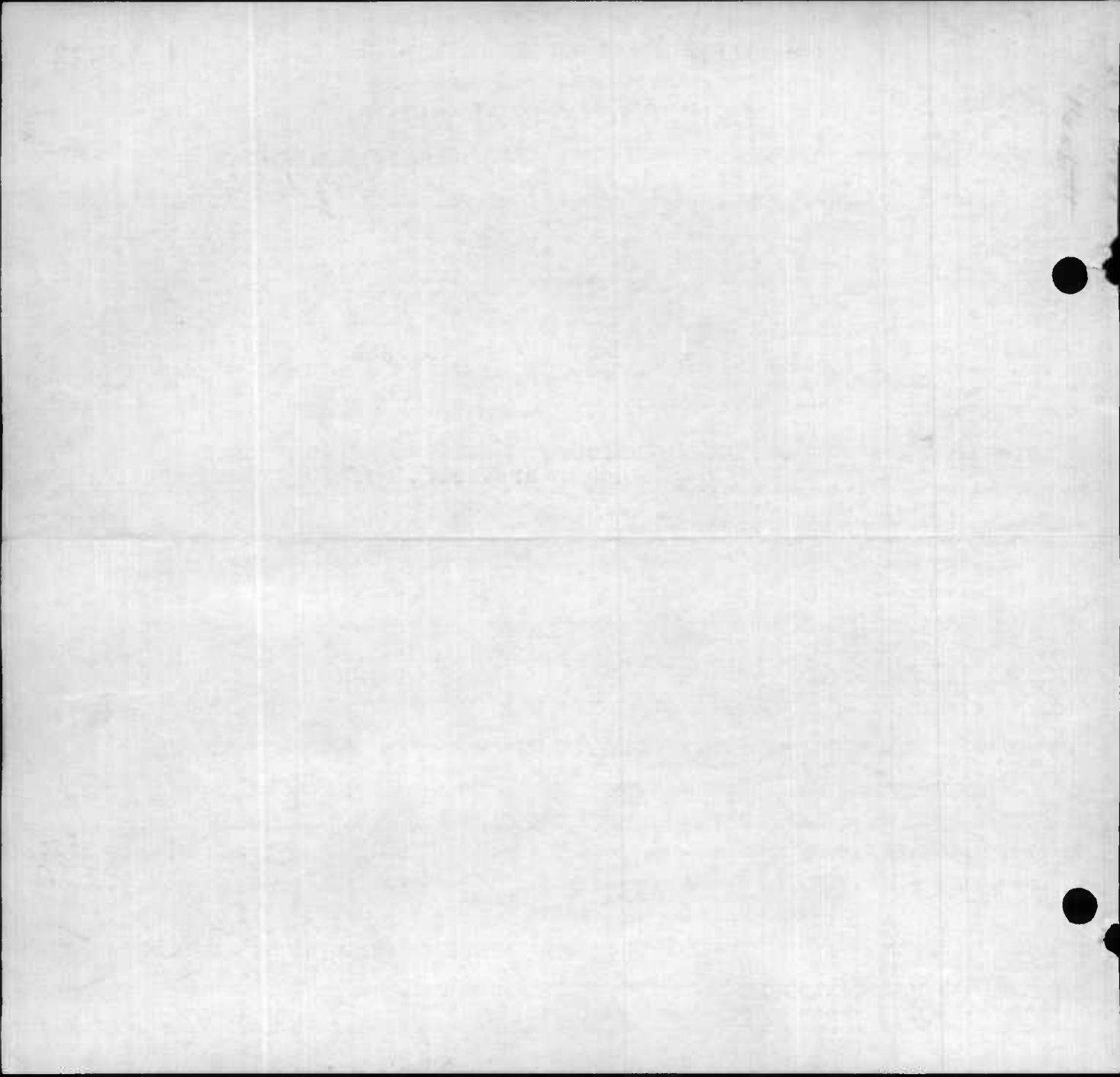
ADDRESS

MAR 21 1951

Huntington Williams, M.D.

John T Stansbury 2700 Edmondson Ave.

93 D



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

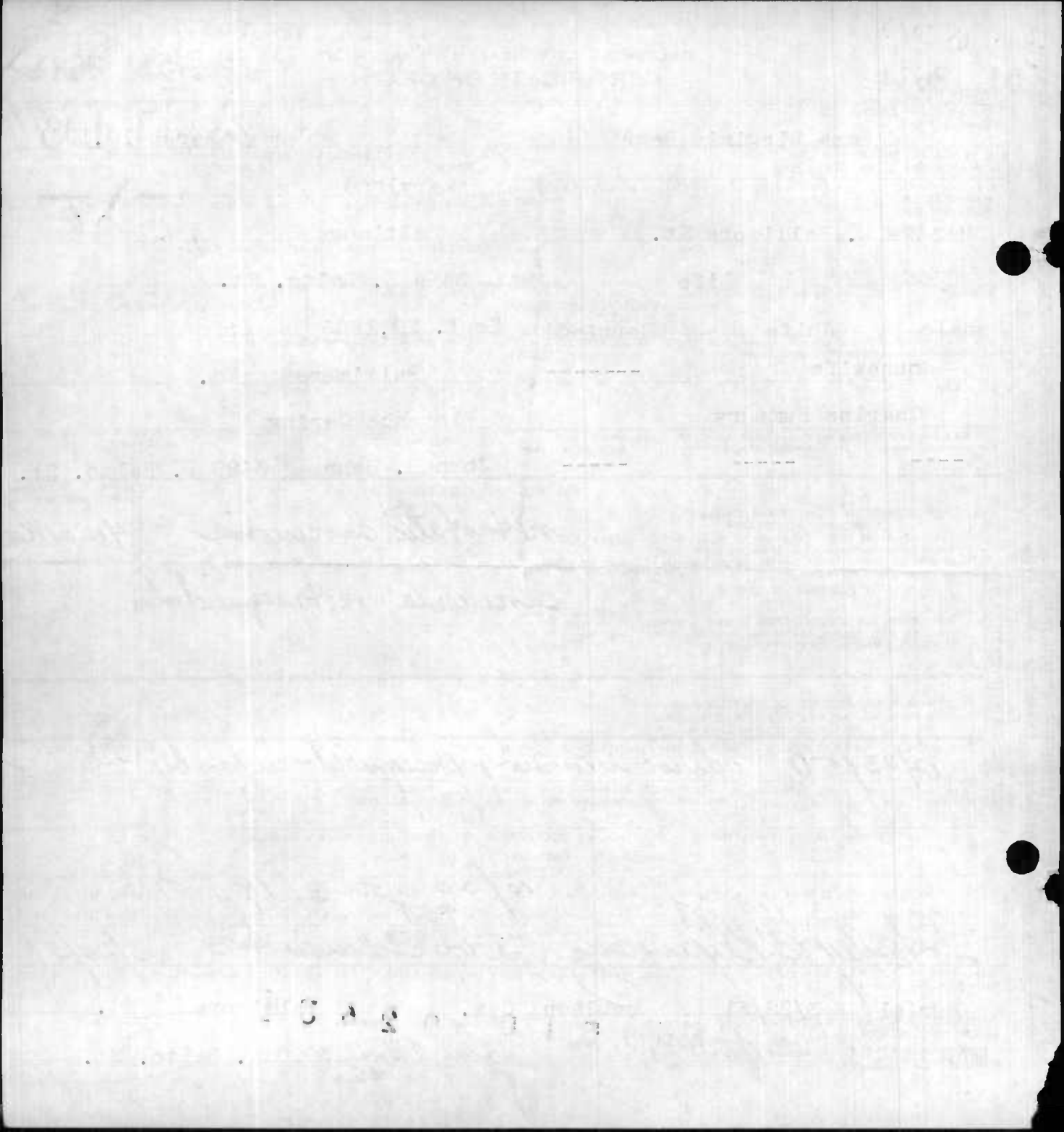
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2634

BIRTH NO. 51 2634

1. NAME OF DECEASED (Type or Print) Emma Virginia Behr		2. DATE OF DEATH March 19, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3429 E. Baltimore St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 3429 E. Balto. St.		E. DISTRICT (If rural, give location)	
5. SEX Female		6. COLOR OR RACE White	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Sept. 20, 1885	
9. AGE (In years last birthday) 65		10. BIRTHPLACE (State or foreign country) Baltimore Md.	
11. CITIZEN OF WHAT COUNTRY?		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Charles Humphry		14. MOTHER'S MAIDEN NAME Florence Garing	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT John B. Behr		ADDRESS 3429 E. Balto. St.	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) metastatic carcinoma		INTERVAL BETWEEN ONSET AND DEATH 4 months	
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. carcinoma rectosigmoid colon			
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
21. DATE OF OPERATION 12/23/50		22. MAJOR FINDINGS OF OPERATION adenocarcinoma - rectosigmoid - inoperable	
23. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
24. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		25. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
26. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
27. TIME (Month) (Day) (Year) (Hour) OF INJURY		28. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
29. HOW DID INJURY OCCUR?			
30. I hereby certify that I attended the deceased from 10/20, 1950 to 3/19, 1951 , that I last saw the deceased alive on 3/19, 1951 , and that death occurred at 9:30 p. m. , from the causes and on the date stated above.			
31. SIGNATURE Stanley B. Klyanowicz		32. ADDRESS 3500 Erdman Ave	
33. DATE SIGNED 3/20/51			
34. BURIAL, CREMATION, REMOVAL (Specify) Burial		35. DATE 3/22/51	
36. NAME OF CEMETERY OR CREMATORY Oaklawn Cem.		37. LOCATION (City, town, or county) (State) Baltimore Md.	
38. DATE RECEIVED BY LOCAL REGISTRAR MAR 21 1951		39. REGISTRAR'S SIGNATURE Huntington Williams	
40. FUNERAL DIRECTOR John A. Moran		41. ADDRESS 3000 E. Balto. St.	

461



PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-510

51 2635

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2635

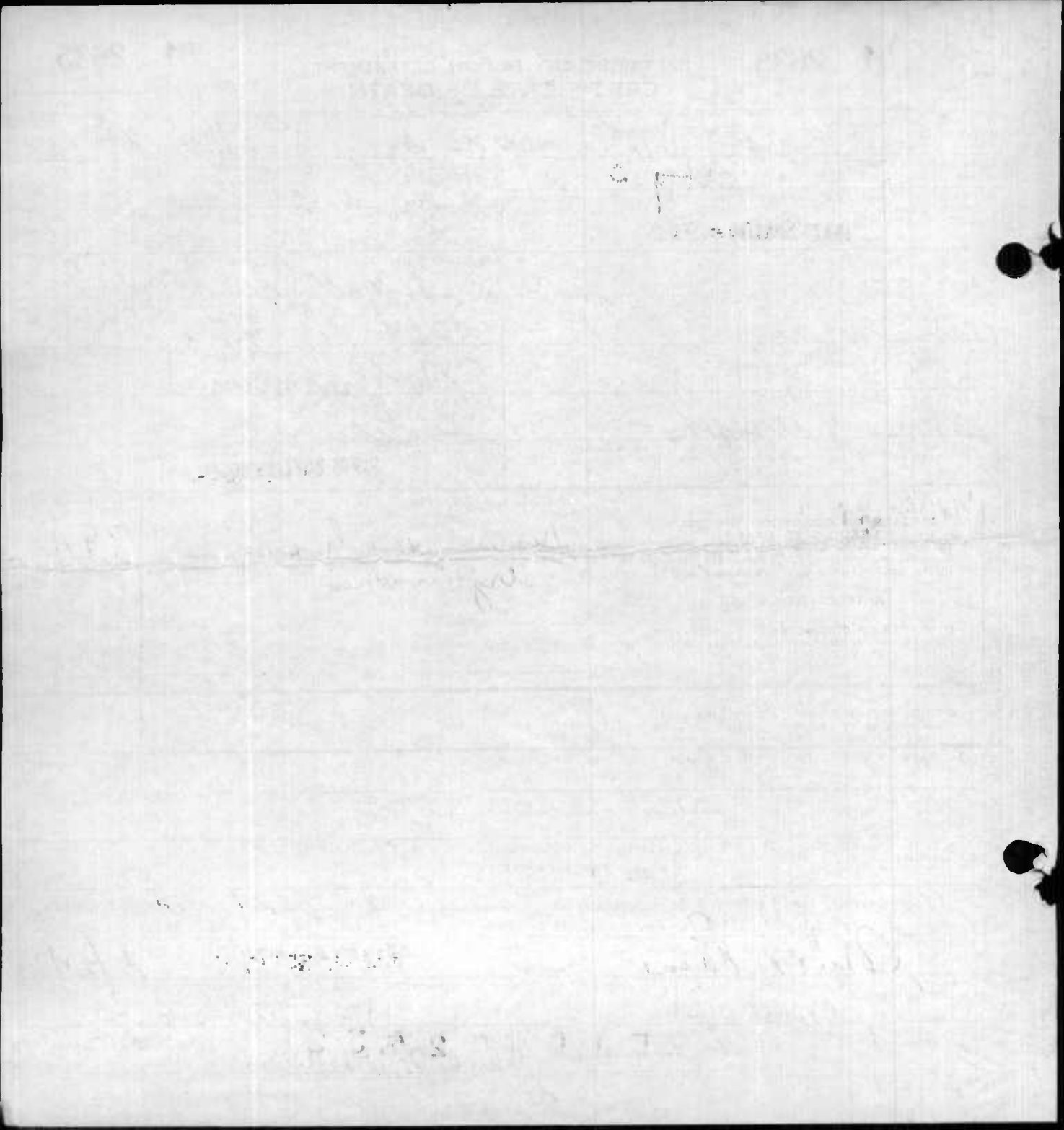
Registered No.

BIRTH NO.			1. NAME OF DECEASED (Type or Print) <i>Scott W. Rumph Sr.</i>			2. DATE OF DEATH <i>Mar. 21/1951</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Mb 9 3</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>S. Carolina</i> B. COUNTY <i>V-37</i>					
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Sumter</i>					
c. Length of stay in Baltimore			D. STREET ADDRESS (If rural, give location) <i>3 Frank Clark St</i>					
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH <i>4-19-86</i>	9. AGE (in years last birthday) <i>64</i>	If Under 1 Year Months: Days		If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>DISC Jockey</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>GIL PRODUCTS</i>			11. BIRTHPLACE (State or foreign country) <i>S. Carolina</i>		
12. CITIZEN OF WHAT COUNTRY? <i>!</i>			13. FATHER'S NAME <i>John Rumph</i>			14. MOTHER'S MAIDEN NAME <i>Julia</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.			17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		
18. <i>456 X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Disseminated lupus erythematosus</i>			CAUSE OF DEATH (A) <i>Disseminated lupus erythematosus</i> DUE TO (B) <i>Mythematosis</i> DUE TO (C) <i></i>			INTERVAL BETWEEN ONSET AND DEATH <i>79 mo.</i>		
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.								
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION <i>7</i>			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <i>1/24</i> , 19 <i>51</i> , to <i>3/21</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>3/21</i> , 19 <i>51</i> , and that death occurred at <i>12:50 pm.</i> , from the causes and on the date stated above.			23A. SIGNATURE <i>John C. Mitchell</i>			23B. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		
23C. DATE SIGNED <i>3/21/51</i>			24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>			24B. DATE <i>March 21/51</i>		
24C. NAME OF CEMETERY OR CREMATORY <i>Sumter, S. C.</i>			24D. LOCATION (City, town, or county) <i>Sumter, S. C.</i>			24E. FUNERAL DIRECTOR <i>John C. Mitchell Son</i>		
24F. DATE RECEIVED BY LOCAL REGISTRAR			24G. REGISTRAR'S SIGNATURE <i>John C. Mitchell</i>			24H. ADDRESS <i>1900 Putnam Place</i>		

MAR 21 1951

290 45

153



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JAKUPKE

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2636

BIRTH NO. 2636 51-05814

1. NAME OF DECEASED (Type or Print) LARRY J. JAKUPKE		2. DATE OF DEATH March 21, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 346 S. Lehigh		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) STATE MD B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-01	
D. STREET ADDRESS (If rural, give location) 346 S. Lehigh ST.		E. Length of stay in Baltimore 8 Mos. Days	
6. SEX M	7. COLOR OR RACE W	8. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	9. DATE OF BIRTH March 13, 1951
10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, or so if retired) infant		10B. KIND OF BUSINESS OR INDUSTRY infant	
11. BIRTHPLACE (State or foreign country) Baltimore, Md		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Albert J. Jakupke		14. MOTHER'S MAIDEN NAME Helen Katrine	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mother (Helen Katrine)		ADDRESS 346 S. Lehigh	

18. 763.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) pneumonia (Broncho)	CAUSE OF DEATH (A) pneumonia (Broncho) DUE TO	INTERVAL BETWEEN ONSET AND DEATH 2 days
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ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **March 20, 1951** to **March 21, 1951**, that I last saw the deceased alive on **March 21, 1951** and that death occurred at **12:55 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE W. E. Maltbie	23B. ADDRESS Mercy Hospital	23C. DATE SIGNED March 21
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24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 3-21-51	24C. NAME OF CEMETERY OR CREMATORY Sacred Heart	24D. LOCATION (City, town, or county) (State) Baltimore
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DATE RECEIVED BY LOCAL REGISTRAR MAR 21 1951	REGISTRAR'S SIGNATURE Huntington	25. FUNERAL DIRECTOR'S ADDRESS 1035 46th St
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[Faint, mostly illegible handwritten text, possibly bleed-through from the reverse side of the page.]

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10/10/1910

PLEASE WRITE IN INK. Every item of information should be legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

500
51 2638

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2638

BIRTH NO.

1. NAME OF DECEASED (Type or Print) CHANEY, PHILLIP, SR.		2. DATE OF DEATH 3/20/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto -		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Ind B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION Sinai Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 6-01	
6. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 103 N. Decker Ave	
5. SEX M.	6. COLOR OR RACE M.	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 10-24-95
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Crime Reporter		10B. KIND OF BUSINESS OR INDUSTRY Beth Steel	9. AGE (In years last birthday) 55
13. FATHER'S NAME George W.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)		11. BIRTHPLACE (State or foreign country) Balto	
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Christina	
17. INFORMANT John Chaney		ADDRESS 103 N. Decker Ave	

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral aneurysm		INTERVAL BETWEEN ONSET AND DEATH
ANTecedent CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Generalized arteriosclerosis		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 3		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		

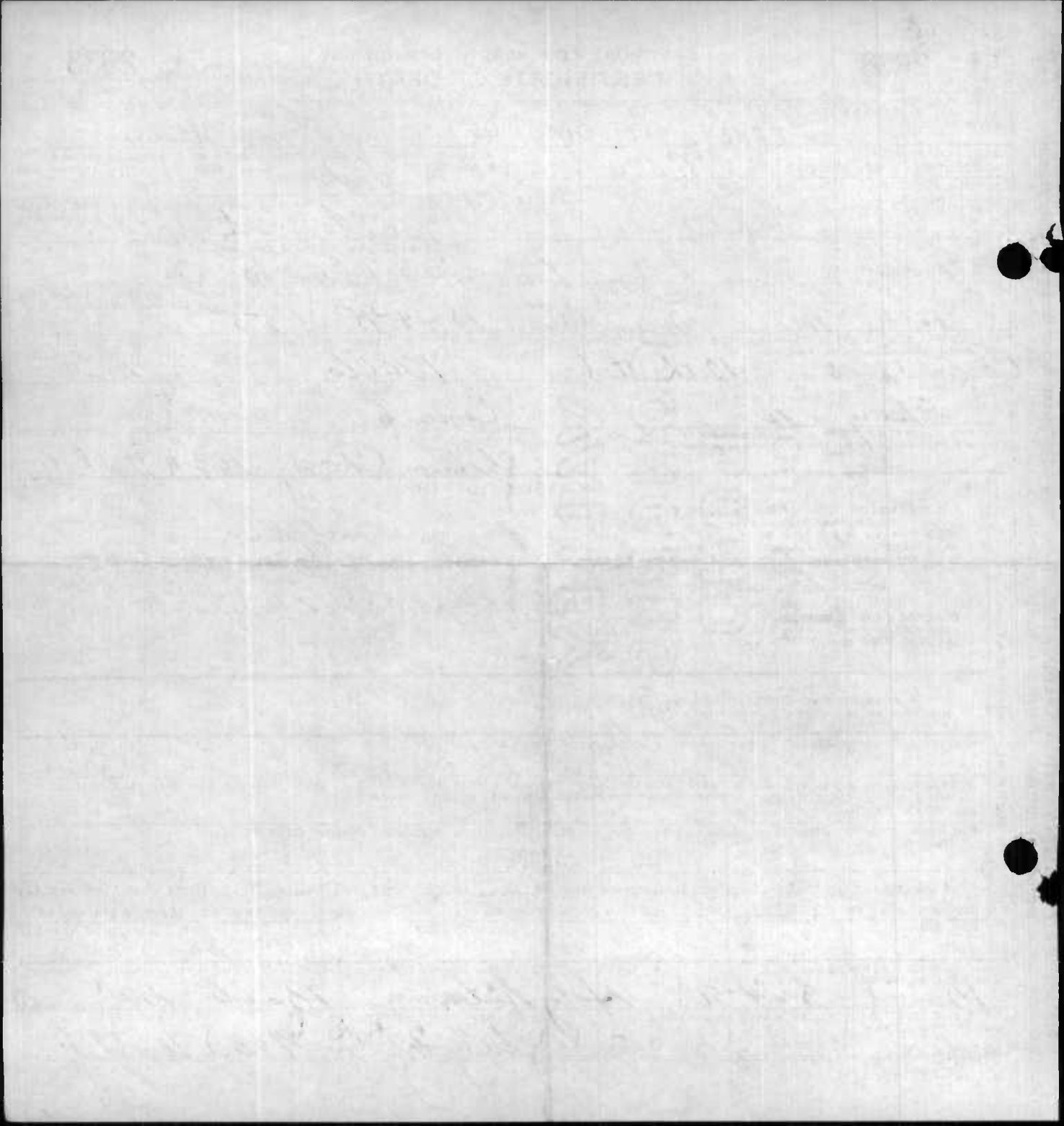
22. I hereby certify that I attended the deceased from **March 6, 1951**, to **March 20, 1951**, that I last saw the deceased alive on **March 20, 1951**, and that death occurred at **6:10 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE Samuel H. Rubin		23B. ADDRESS Sinai Hospital		23C. DATE SIGNED 3/20/51
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 3-24-51	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	24D. LOCATION (City, town, or county) (State) Balto - Ind	
DATE RECEIVED BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE Samuel H. Rubin	25. FUNERAL DIRECTOR 5 ADDRESS 103 N. Decker Ave		

MAR 21 1951

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PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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51 2639

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2639

1. NAME OF DECEASED (Type or Print) GAETANO ANZALONE		2. DATE OF DEATH March 19 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 1036 Hillman St.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore 35 Yrs.		D. STREET ADDRESS (If rural, give location) 1036 Hillman St.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 27 1873
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel Employer		10B. KIND OF BUSINESS OR INDUSTRY Belvedere Hotel	9. AGE (In years - last birthday) 78
11. BIRTHPLACE (State or foreign country) Italy		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Carmelo Anzalone		14. MOTHER'S MAIDEN NAME Biagia Maradia	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 215-03-1920	
17. INFORMANT		ADDRESS	
18. 472.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arterio Sclerotic Cardio-Vascular Disease (old age)		INTERVAL BETWEEN ONSET AND DEATH ?	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(A) DUE TO (B) DUE TO (C) DUE TO	
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Mar. 12 , 19 51 , to Mar. 19 , 19 51 , that I last saw the deceased alive on 3/14 , 19 51 , and that death occurred at 11 P. m. , from the causes and on the date stated above.			
23A. SIGNATURE Joseph S. Blum		23B. ADDRESS 1505 H. Calvert St	
23C. DATE SIGNED 3/20/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE March 22 1951	
24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cemetery		24D. LOCATION (City, town, or county) (State) 4430 Belair Rd. Baltimore Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 22 1951		REGISTRAR'S SIGNATURE Paul J. [Signature]	
FUNERAL DIRECTOR Paul J. [Signature]		ADDRESS 322 S. High St.	

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INVESTIGATION OF DEATH

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2640

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Sarah Ann ROBERTS			2. DATE OF DEATH March 17, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 506 N. Pearl St.			5. LENGTH OF STAY IN BALTIMORE 50 yrs		
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W	8. DATE OF BIRTH	9. AGE (In years last birthday) 88	10. UNDER 1 Year Months Days 11. UNDER 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME Benjamin Roberts			14. MOTHER'S MAIDEN NAME Mary Davis		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT George W. Roberts-			ADDRESS 1910 Penrose St.		

18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease (A) DUE TO		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. (C)		

19A. DATE OF OPERATION 3/22/51	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

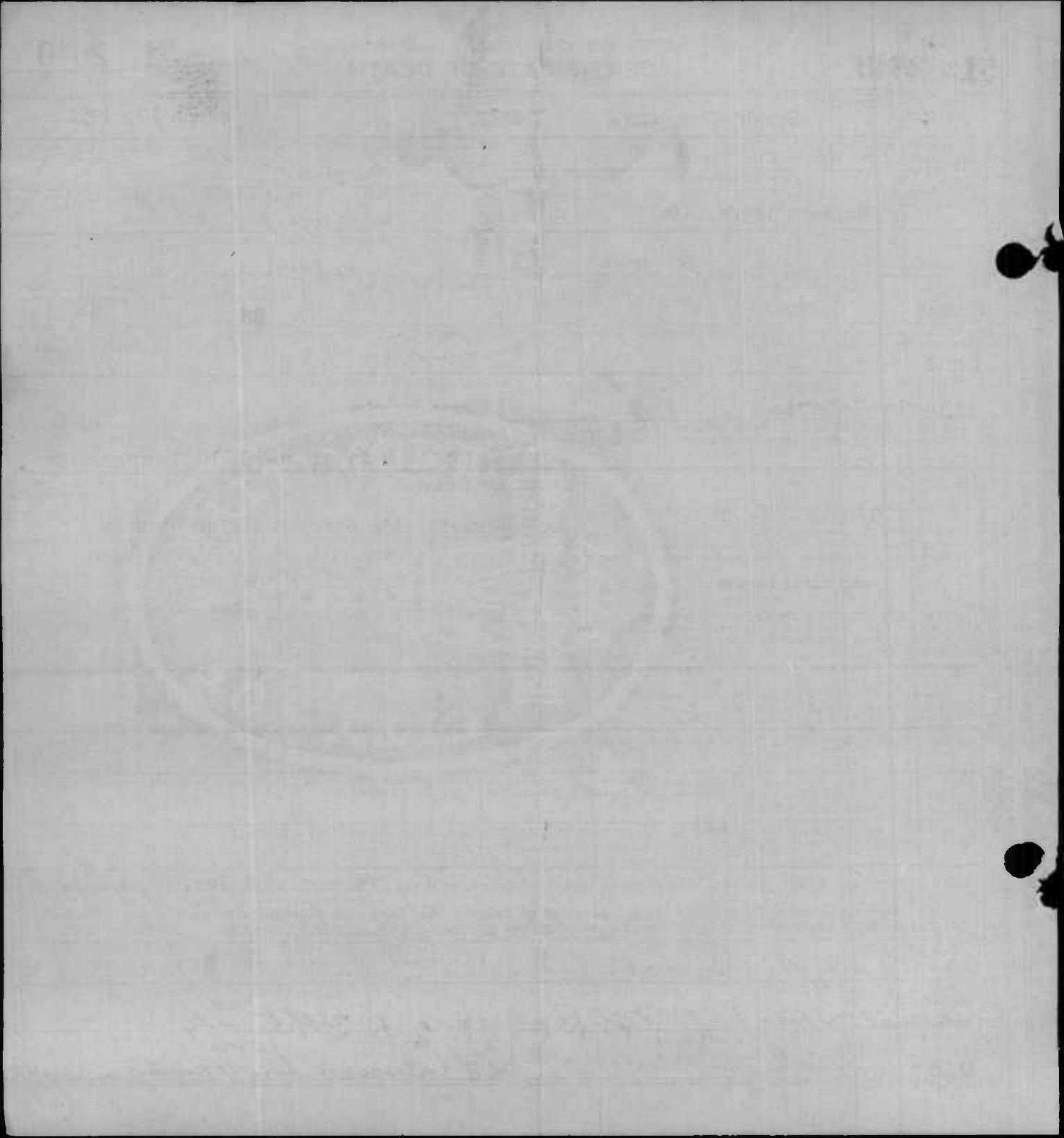
22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE Stanley H. Dunleaver M.D.	23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED March 19, 1951
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/22/51	24C. NAME OF CEMETERY OR CREMATORY Mt Auburn	24D. LOCATION (City, town, or county) (State) Baltimore City
DATE RECEIVED BY LOCAL REGISTRAR MAR 22 1951	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR J. L. Brown & Son - Montgomery St	ADDRESS 10820

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PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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51 2641

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2641

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARK H. JORGENSEN

2. DATE
OF
DEATH

MAR. 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

BALTO.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

UNION MEMORIAL HOSP.

C. CITY OR TOWN

BALTIMORE 14

(If outside corporate limits, write RURAL and give township)

Rural

D. STREET ADDRESS (If rural, give location)

8129 BON AIR ROAD

5300

c. Length of stay in Baltimore

? 3

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

MAY 26, 1892

9. AGE (in years last birthday)

68

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

CABINET MAKER

10B. KIND OF BUSINESS OR INDUSTRY

Self Employed

11. BIRTHPLACE (State or foreign country)

DENMARK

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

N. JORGENSEN (D)

14. MOTHER'S MAIDEN NAME

SORENE (UNKNOWN)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

NONE

17. INFORMANT

Mrs. Christine Jorgensen (wife)

ADDRESS

Same.

1B.

420.1 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Acute PT Coronary Occlusion
DUE TO E Myocardial Rupture

INTERVAL BETWEEN ONSET AND DEATH

3 da

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from MARCH 18, 1951, to MARCH 21, 1951, that I last saw the deceased alive on MARCH 21, 1951, and that death occurred at 10:10 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Clair Bouzelaar

M. D.

23B. ADDRESS

Union Memorial Hosp.

23C. DATE SIGNED

March 21, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

March 21, 1951

24C. NAME OF CEMETERY OR CREMATORY

Corrigan Funeral Home

24D. LOCATION (City, town, or county)

Bloomington, Illinois

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 22 1951

REGISTRAR'S SIGNATURE

William H. Williams, M.D.

25. FUNERAL DIRECTOR

John Harris, Jr., Farson, Md.

ADDRESS

1105 12

1105 12



PLEASE WRITE IN FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

CERTIFICATE CORRECTED 4-3-51

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 2642
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) JAMES MORRIS		2. DATE OF DEATH March 20, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (if rural, give location) 1734 N. Calvert St.		E. LENGTH OF STAY IN BALTIMORE 10 Yrs. 10 Mos. 10 Days	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Oct. 10, 1901
9. AGE (in years last birthday) 49		10. CITIZEN OF WHAT COUNTRY? U.S.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bar tender		10B. KIND OF BUSINESS OR INDUSTRY Hotel Bus.	
11. BIRTHPLACE (State or foreign country) Pittston, Penna.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME James Morris		14. MOTHER'S MAIDEN NAME Ellen Jamington	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Thos Thomas Reddington		ADDRESS	

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 490X, Lobar pneumonia	(A) DUE TO
ANTECEDENT CAUSES Fatty liver	(B) DUE TO
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	(C) DUE TO

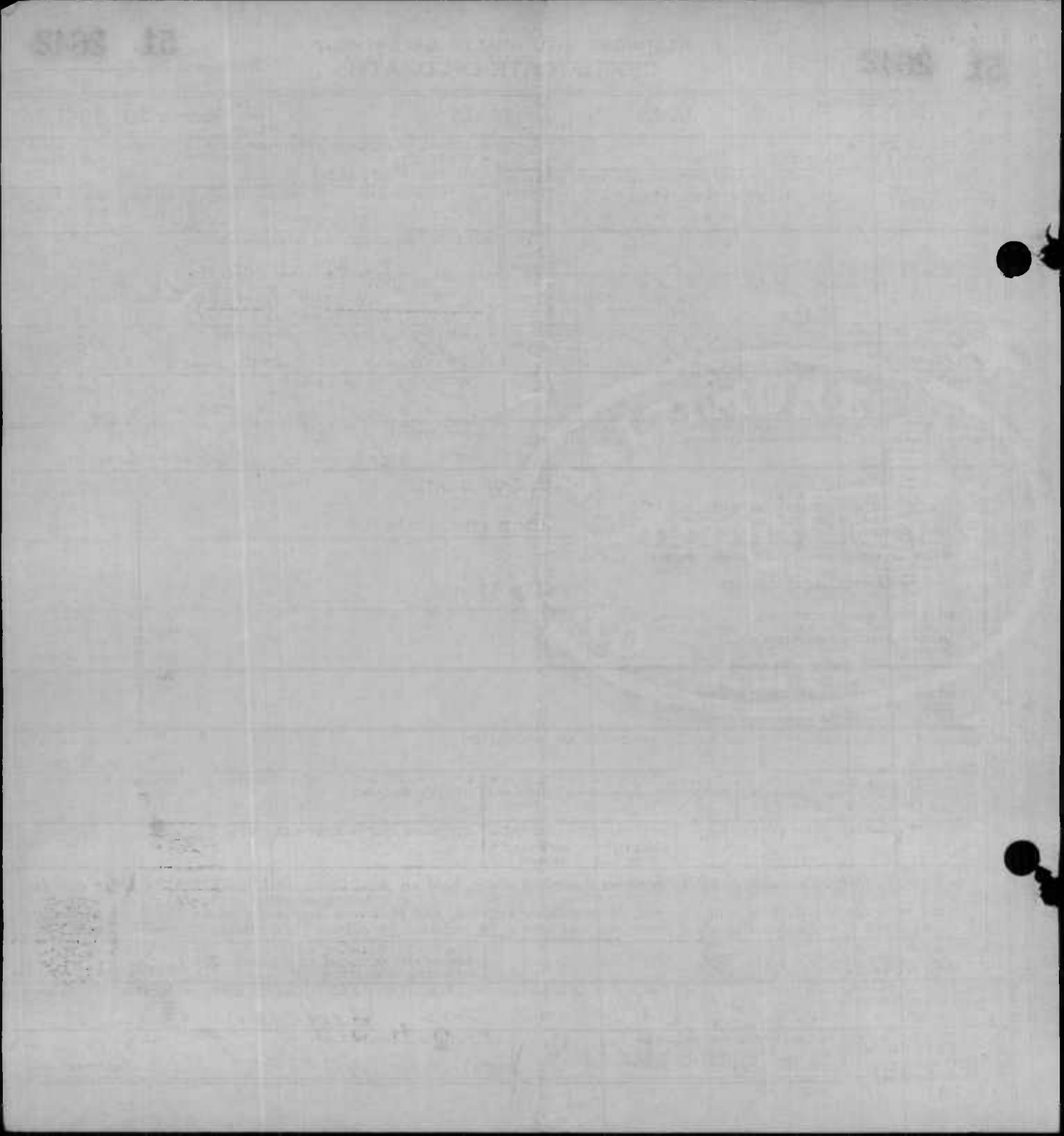
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE William W. H. H.	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED March 21, 1951
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24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/26/51	24C. NAME OF CEMETERY OR CREMATORY St. Johns Cem.	24D. LOCATION (City, town, or county) (State) Pittston, Penna.
DATE RECEIVED BY LOCAL REGISTRAR MAR 22 1951	REGISTRAR'S SIGNATURE Howard Hubbard	25. FUNERAL DIRECTOR Howard Hubbard	ADDRESS 2503 Edmondson Ave



PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2643
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Mary T Hoffman</i>		2. DATE OF DEATH <i>3/20/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Maryland General Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>	
c. Length of stay in Baltimore <i>69</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>3032 Edmondson Avenue #23</i>	
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>3-12-1882</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>at home</i>	9. AGE (In years last birthday) <i>69</i>
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Joseph Reddicord</i>		14. MOTHER'S MAIDEN NAME <i>Naomi Cullum</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Chas. E. (husband)</i>		ADDRESS <i>as above</i>	

18. <i>442X</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>terminal bronchopneumonia</i> DUE TO (A) <i>terminal bronchopneumonia</i> (B) <i>auricular fibrillation, uremia with pericarditis</i> (C) <i>arteriosclerotic cardiovascular renal disease</i>	INTERVAL BETWEEN ONSET AND DEATH <i>48 hrs</i> <i>unknown</i> <i>unknown</i>
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II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Hepatic insufficiency Diabetes mellitus (?)

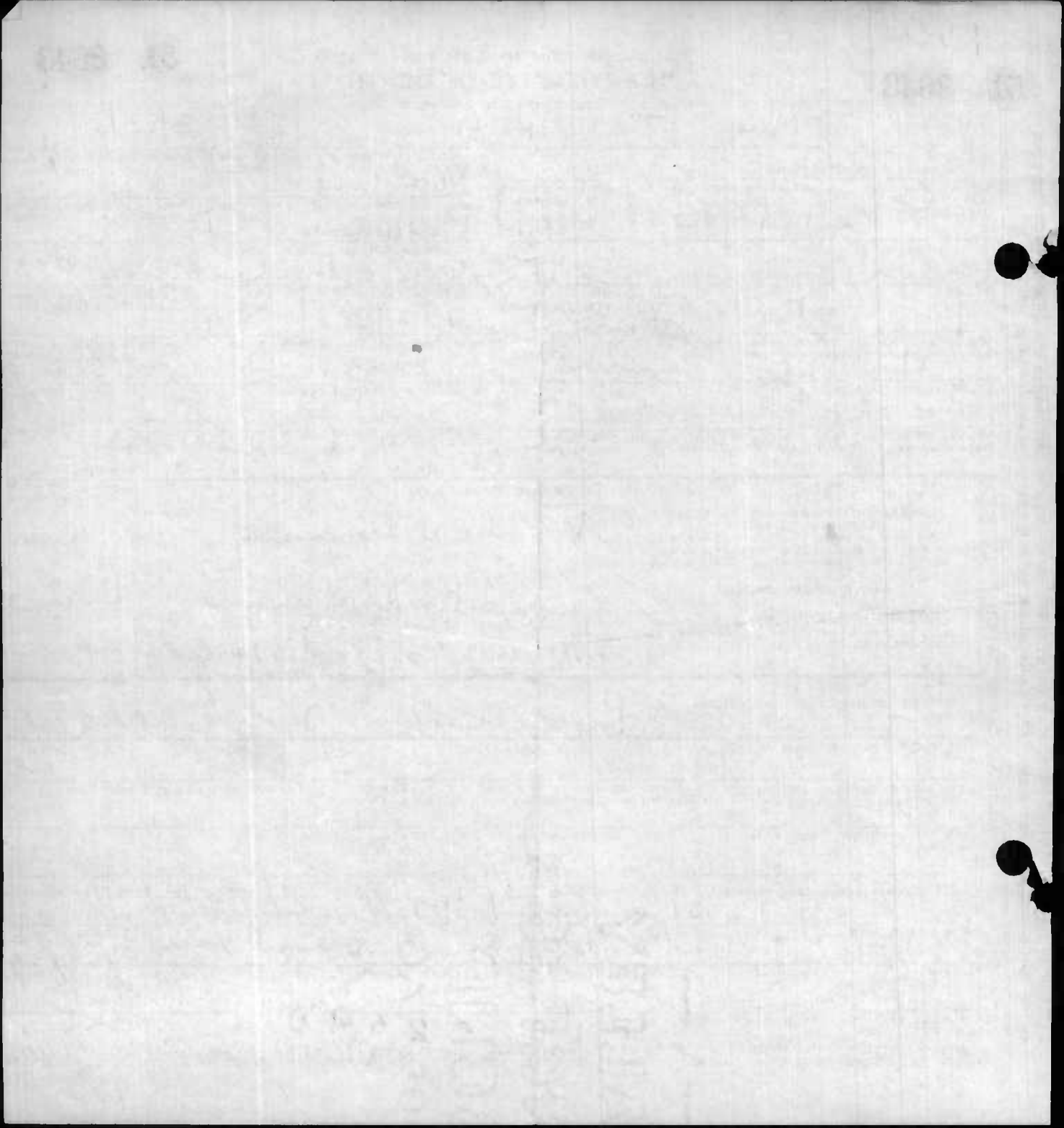
19A. DATE OF OPERATION <i>0</i>	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3/19*, 19*51* to *3/20*, 19*51*, that I last saw the deceased alive on *3/20*, 19*51*, and that death occurred at *11:25* p. m., from the causes and on the date stated above.

23. SIGNATURE <i>Marguerite Luisa Candler</i>	23B. ADDRESS <i>Maryland General Hosp.</i>	23C. DATE SIGNED <i>3/20/51</i>
--	---	------------------------------------

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Mar 23-1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Gruid Ridge</i>	24D. LOCATION (City, town, or county) (State) <i>Balto Co. Md</i>
--	---------------------------------	--	--

DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 22 1951</i>	REGISTRAR'S SIGNATURE <i>Frederick H. ...</i>	25. FUNERAL DIRECTOR <i>Mr. & Mrs. John H. Gensel</i>	ADDRESS <i>Sou 5311 Edmondson Ave</i>
--	--	--	--



PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

456
51 2644

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2644
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FLORENCE B. HELMER

2. DATE
OF
DEATH

3-19-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

BALTO. MD.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

306 JEFFERY ST.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTO. MD.

D. STREET ADDRESS (If rural, give location)

306 JEFFERY ST.

C. Length of stay in Baltimore

LIFETIME

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

AUG. 26, 1881

9. AGE (In years
last birthday)

69

10. Under 1 Year
Months Days

11. Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWORK

10B. KIND OF BUSINESS OR
INDUSTRY

AT HOME

11. BIRTHPLACE (State or foreign country)

BALTO. MD.

12. CITIZEN OF
WHAT COUNTRY?

U. S.

13. FATHER'S NAME

JOSEPH W. MARSHALL

14. MOTHER'S MAIDEN NAME

ROSE BYUS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT HUSBAND

ADDRESS

JOHN P. HELMER 306 JEFFERY ST.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A) DUE TO

hypertension &
coronary occlusion

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

hypertensive cardio
vascular disease

(C)

INTERVAL BETWEEN
ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK AT WORK

22. I hereby certify that I attended the deceased from Aug 19 1950 to Mar 19, 1951, that I last saw the
deceased alive on Mar 19, 1951, and that death occurred at 16 30 pm., from the causes and on the date stated above.

23A. SIGNATURE

Philip W. Kuster M.D.

23B. ADDRESS

302 Patuxent Dr

23C. DATE SIGNED

Mar 22 '51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

3-22-1951

24C. NAME OF CEMETERY OR CREMATORY

CEDAR HILL

24D. LOCATION (City, town, or county)

A. A. CO.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 22 1951

Anthony J. A. S. M.D.

James L. M. Gully

1506 FORTAVER

VS 150

93D

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51 2645

51 2645

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. 9-6541. NAME OF DECEASED
(Type or Print)HARRY GREENWALD2. DATE
OF
DEATH3-22-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4613 Park Heights Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Mt Sinai Home

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4005 Reisterstown Road

c. Length of stay in Baltimore

50 Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (In years)

If Under 1 Year Months Days
If Under 24 Hours Hours Min.79

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Bank Business

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Not Known

14. MOTHER'S MAIDEN NAME

Not Known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Joseph Greenwald - 3931 Belle Ave18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Hypertensive Cardio-Vascular Disease3 hrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B)

Generalized Arterio-Sclerosis10 yrs.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from March 2, 1951, to 3-22, 1951, that I last saw the deceased alive on 3-21, 1951, and that death occurred at 2 4 m., from the causes and on the date stated above.

23A. SIGNATURE

Hermon Hermon

23B. ADDRESS

M. O.

2424 Eutan Place

23C. DATE SIGNED

3-22-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-22-51

24C. NAME OF CEMETERY OR CREMATORY

Hermon Hermon

24D. LOCATION (City, town, or county) (State)

Balto Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 22 1951Hermon HermonJack Lewis Jr 2100 Eutan Pl

VS 150

931

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

Dr. Sherman
2424
La 0430
Extra PE

[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side. Some words like "The" and "and" are faintly visible.]

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

600
51 2647

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2647
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Peggy Francis Murray

2. DATE
OF
DEATH

3-22-81

3. PLACE OF DEATH:

A. Baltimore City, Maryland

911 Bantelou St

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

New Orleans La.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

911 Bantelou

C. Length of stay in Baltimore

5 months

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Dec 18 1869

9. AGE (In years

last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

90

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Murray

14. MOTHER'S MAIDEN NAME

Ann Randolph

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Gronne Barre

18. H10X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Myocardial Infarct

2 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

Rheumatic Endocarditis

?

DUE TO

(C)

Cardiovascular disease

?

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Ischemic

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT

WORK ☐

NOT WHILE

AT WORK ☐

22. I hereby certify that I attended the deceased from Feb 20, 1981, to March 22, 1981, that I last saw the deceased alive on March 19, 81, and that death occurred at 6:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

John Thine

M. D.

23B. ADDRESS

1422 E. Beach St

23C. DATE SIGNED

3/22/81

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Removal

3-22-1981

New Orleans, La.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 22 1981

John Thine

James A. Hayes

638 N. Gilman St

92c

1963

1963

W. S. M.
100-4745
BORD
C. H. H. S.
W. S. M.

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

51 2648

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2648

1. NAME OF DECEASED (Type or Print) PRESTON Gorman LEWIS, Jr.			2. DATE OF DEATH March 19, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland		
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore life			D. STREET ADDRESS (If rural, give location) 3101 Guilford Ave.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) single	8. DATE OF BIRTH Sept. 11, 1930	9. AGE (In years last birthday) 20	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student			11. BIRTHPLACE (State or foreign country) Baltimore, Md.		
10B. KIND OF BUSINESS OR INDUSTRY pre-medicine			12. CITIZEN OF WHAT COUNTRY? U. S.		
13. FATHER'S NAME Preston Gorman Lewis			14. MOTHER'S MAIDEN NAME Alice L. Collenberg		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Preston G. Lewis			ADDRESS 3101 Guilford Ave.		

18. E970.2 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Ingestion of overdose of Barbiturate DUE TO (A) (B) (C) INTERVAL BETWEEN ONSET AND DEATH	CAUSE OF DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT	

19A. DATE OF OPERATION March 19, 1951	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home	21C. WHERE DID INJURY OCCUR? 3101 Guilford Avenue
21D. TIME (Month) (Day) (Year) (Hour) March 19, 1951 A. m.	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? Ingestion of barbiturate
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input checked="" type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE William V. Smith	23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....	23C. DATE SIGNED 3-19-51
24A. BURIAL, CREMATION, REMOVAL (Specify) burial	24B. DATE 3 - 22 - 51	24C. NAME OF CEMETERY OR CREMATORY Lorraine
24D. LOCATION (City, town, or county) (State) Woodlawn, Maryland		

DATE RECEIVED BY LOCAL REGISTRAR MAR 22 1951	REGISTRAR'S SIGNATURE John O. Mitchell & Sons, Inc.	25. FUNERAL DIRECTOR John O. Mitchell & Sons, Inc.-1900 Rutaw Place
---	--	--

V S 151 N-971.0 MB Mitchell 163B



PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

260
51 2649

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2649
Registered No.

1. NAME OF DECEASED (Type or Print) Abraham Fisher		2. DATE OF DEATH March 21, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3510 Reisterstown Road		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3510 Reisterstown Road	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 28, 1861
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Merchant		10B. KIND OF BUSINESS OR INDUSTRY Shoes	9. AGE (In years last birthday) 89
11. BIRTHPLACE (State or foreign country) Baltimore Md		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Emanuel Fisher		14. MOTHER'S MAIDEN NAME Lena Harman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs Fannie Fisher		ADDRESS 3510 Reisterstown Road	
18. 450.0 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Senility DUE TO ANTECEDENT CAUSES (B) Atherosclerosis DUE TO (C) OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH 59 P 10 P
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Jan 4, 1951, to Mar 21, 1951; that I last saw the deceased alive on Mar 21, 1951, and that death occurred at 10:30 A. M., from the causes and on the date stated above.			
23A. SIGNATURE [Signature]		23B. ADDRESS The Englewood	
23C. DATE SIGNED 3/21/51			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE March 23, 1951	
24C. NAME OF CEMETERY OR CREMATORY Hebrew Friendship Cemetery		24D. LOCATION (City, town, or county) Baltimore Md	
DATE RECEIVED BY LOCAL REGISTRAR MAR 22 1951		REGISTRAR'S SIGNATURE [Signature]	
25. FUNERAL DIRECTOR Sol Levinson & Bros		ADDRESS 1126 W North Ave	

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PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

550
51 2650

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2650

1. NAME OF DECEASED (Type or Print) <i>EVA. F. HOMAN.</i>		2. DATE OF DEATH <i>March 20/57</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore Ind</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland.</i> B. COUNTY <i>Baltimore</i>	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>5313 EDMONDSON AVE Hoods Convalescent Home</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 25-33</i>	
C. Length of stay in Baltimore <i>Life</i>		D. STREET ADDRESS (If rural, give location) <i>2244 Annapolis Road.</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>Sept. 18-1976</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Home Duties</i>		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <i>74 years 6</i> If Under 1 Year Months: Days: Hours: Min.
11. BIRTHPLACE (State or foreign country) <i>Millville New Jersey</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Joseph L. Biggs</i>		14. MOTHER'S MAIDEN NAME <i>Mary E. Henderson</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.	
17. INFORMANT <i>Laurence D. Homan - Annapolis Rd</i>		ADDRESS <i>2244.</i>	
18. <i>420.1</i> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <i>Cronary Sclerosis</i> DUE TO ANTECEDENT CAUSES (B) <i>Arterio Sclerosis</i> DUE TO (C) <i>Hemiplegia</i> II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH <i>?</i> <i>?</i> <i>?</i>
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>May 25, 1941</i> , to <i>Mar 19, 1957</i> , that I last saw the deceased alive on <i>Mar 19, 1957</i> , and that death occurred at <i>10:30 A.M.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Carol Fox Huey</i>		23B. ADDRESS M. D. <i>1326 W Lombard St</i>	
23C. DATE SIGNED <i>3-22-57</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Mar 23-1957</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>Int. Olivet Cem.</i>		24D. LOCATION (City, town, or county) (State) <i>Baltimore Ind.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 22 1957</i>		REGISTRAR'S SIGNATURE <i>William H. ...</i>	
25. FUNERAL DIRECTOR <i>Martha E. Syfer</i>		ADDRESS <i>1600 W. North Ave</i>	

VS 150

94a

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B 346
51 2651

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2651

BIRTH NO.			1. NAME OF DECEASED (Type or Print) Mamie C. Byrd Butler			2. DATE OF DEATH March 20, 1951			
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE Maryland B. COUNTY 17-01			C. CITY OR TOWN (If outside corporate limits, give RURAL and give township) Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION 904 Argyle Ave.			D. STREET ADDRESS (If rural, give location) 904 Argyle Ave.			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days			
5. SEX Female		6. COLOR OR RACE Colored		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH March 19, 1879		9. AGE (In years, last birthday) 72	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13. FATHER'S NAME Phillip Camphor			14. MOTHER'S MAIDEN NAME Sarah Tolbert			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			
16. SOCIAL SECURITY NO.			17. INFORMANT M's Olivia Anderson			ADDRESS 528 St. Mary St.			
18. 4221 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cardio Vascular Degeneration DUE TO (A) (B) (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			CAUSE OF DEATH Cardio Vascular Degeneration DUE TO (A) (B) (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH 1 yr			
19A. DATE OF OPERATION 0			19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from March 5, 1951 , to March 19, 1951 , that I last saw the deceased alive on March 15, 1951 , and that death occurred at 5 a. m. , from the causes and on the date stated above.		23A. SIGNATURE W. Johnson M. D.			
23B. ADDRESS 403 Med Arts Bldg		23C. DATE SIGNED 3/31-51		24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-23-51		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cem	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		24E. FUNERAL DIRECTOR Mrs. Frances T. Hensley		24F. ADDRESS 578 W. Biddle St.		DATE RECEIVED BY LOCAL REGISTRAR MAR 22 1951			
VS 150			7208A			937			

1924

1924

THE
OFFICE OF THE
SHERIFF
COUNTY OF
SHERMAN
STATE OF
NEW YORK
IN SENATE
JANUARY 1924

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **51 2652**

510
51 2652

1. NAME OF DECEASED (Type or Print) LULA KNAUFF			2. DATE OF DEATH March 19, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 19-04		
B. FULL NAME OF HOSPITAL OR INSTITUTION 507 S. Vincent Street			C. CITY OR TOWN (If outside corporate limits, write full name of town, village, or township) Baltimore		
D. STREET ADDRESS (If rural, give location) 507 S. Vincent Street			E. LENGTH OF STAY IN BALTIMORE Yrs. Mos. Days		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 4, 1872	9. AGE (In years last birthday) 79	10. If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY Own Home		
11. BIRTHPLACE (State or foreign country) Md			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Un Known Craighton			14. MOTHER'S MAIDEN NAME Un Known		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO.		
17. INFORMANT Alva Lanley			ADDRESS 1822 Fairview Ave		
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic cardiovascular disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?			
22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE William V. Gault		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... M.D. MEDICAL INVESTIGATOR.....		23C. DATE SIGNED March 19, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/22/51	24C. NAME OF CEMETERY OR CREMATORY St. Peter's	24D. LOCATION (City, town, or county) (State) Balt. Md.		
DATE RECEIVED BY LOCAL REGISTRAR MAR 22 1951	REGISTRAR'S SIGNATURE Wm. Cook Inc.	25. FUNERAL DIRECTOR Wm. Cook Inc. 1217 St. Paul St			

SEAS 12

SEAS 12



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

525
51 2653

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2653
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Aggie E. Johnson

2. DATE OF DEATH 3/20/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution)

2650 Miles Ave

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

12/27/1871

9. AGE (In years last birthday)

79

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Howard Co. Md.

12. CITIZEN OF WHAT COUNTRY

13. FATHER'S NAME

Unknown

Bottle

14. MOTHER'S MAIDEN NAME

Margaret Tucker

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT Agnes Burton

2700 E. Park Rd. Sverna Park Md.

18. Hrrr

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Broncho Pneumonia

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerotic Cardiovascular Disease

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/17, 1951, to 3/20, 1951, that I last saw the deceased alive on 3/20, 1951, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

A. Weiss

23B. ADDRESS

1937 E. North Ave.

23C. DATE SIGNED

3/21/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/23/51

24C. NAME OF CEMETERY OR CREMATORY

Good Shepherd

24D. LOCATION (City, town, or county)

Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 22 1951

REGISTRAR'S SIGNATURE

Huntington

25. FUNERAL DIRECTOR

Wm Cook Inc. 217 St. Paul St.

ADDRESS



PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

315
51 2654

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2654
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

10. Under 1 Year
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 754.1.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Acute Bacterial Endocarditis

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B) Patent Ductus Arteriosus

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 3/16/51 to 3/21/51, that I last saw the
deceased alive on 3/21/51, and that death occurred at 7:45 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3-24-1951

Heaters Cemetery

Heaters

W. Va.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 22 1951

G. Howard Strong 3207 W. North Ave.,

10

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **51 2655**

BIRTH NO. **51 2655**

1. NAME OF DECEASED (Type or Print) Louis A. Sorrell		2. DATE OF DEATH March 21, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 1645 Ellamont St.,		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 1645 Ellamont St.,		E. AGE (in years last birthday) 83	
c. Length of stay in Baltimore Yrs. Mos. Days		F. DATE OF BIRTH Apr. 28, 1867	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. BIRTHPLACE (State or foreign country) N.Y.
10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired) Retired Carpenter		10B. KIND OF BUSINESS OR INDUSTRY Carpentry	
11. BIRTHPLACE (State or foreign country) N.Y.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Thomas Sorrell		14. MOTHER'S MAIDEN NAME Annie Rouse	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 220-09-3850	
17. INFORMANT Mrs. Addie B. Sorrell		ADDRESS 1645 Ellamont St.	

18. 4721 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Cardio-vascular disease DUE TO (B) arterio sclerosis DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH from history about 3yr ?
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE. (A) STATING THE UNDERLYING CONDITION LAST. (A) STATING THE UNDERLYING CONDITION LAST.	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Dec. 16, 1950 to March 21, 1951 that I last saw the deceased alive on Mar. 20 1951 and that death occurred at 7 a.m. from the causes and on the date stated above.		
23A. SIGNATURE Frederick D. White	23B. ADDRESS 2220 Garrison Bldg.	23C. DATE SIGNED 3/22/51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3-24-1951	24C. NAME OF CEMETERY OR CREMATORY Loudon Park	24D. LOCATION (City, town, or county) (State) Baltimore, Md.
DATE RECEIVED BY LOCAL REGISTRAR MAR 22 1951	REGISTRAR'S SIGNATURE Frederick D. White	25. FUNERAL DIRECTOR G. Howard Strong 3207 W. North Ave.,	

22W Gannon

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

630
51 2656

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2656

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Rev. James W. Ford

2. DATE
OF
DEATH

March 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

500 W. Ashburn Ave

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

STATE

B. COUNTY

25-04

5. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write R.R.A. and give township)

D. STREET ADDRESS (If rural, give location)

320 W. Ashburn Ave

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

6. SEX

7. COLOR OR RACE

8. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

9. DATE OF BIRTH

10. AGE (In years
last birthday)

11. Under 1 Year
Months: Days

12. Under 24 Hours
Hours: Min.

Male

White

Married

May 21, 1877

73

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

Self employed Minister

Minister

Balt

US

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

William Ford

Laura

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

no

no

219-30-0194

Lillian R. Ford 500 W. Ashburn Ave

18.

420 1 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Coronary Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Coronary Disease

DUE TO

(C) Atherosclerosis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., In or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from May 1948 to 3/21/51, that I last saw the
deceased alive on 3/21/51, 1951, and that death occurred at 2:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

John J. J. J.

1 E Ransall

3/22/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

10092W

10092W

10092W

10092W

10092W

10092W

10092W

10092W

10092W

10092W

10092W

10092W

10092W

10092W

10092W

1900

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2657

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2657

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edith Penn

2. DATE
OF
DEATH

3/21/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Lutheran Hosp. of Md.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md

BALTO. CO

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Fullerton

D. STREET ADDRESS (If rural, give location)

Joppa Rd

5300

C. Length of stay in Baltimore

30-Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

July 10-1889

9. AGE (In years
last birthday)

61

10. Under 1 Year
Months Days

11. Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

OWN HOME

11. BIRTHPLACE (State or foreign country)

Harford Co

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

John D. Thomas

14. MOTHER'S MAIDEN NAME

Sarah Spies

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ADDRESS

Mrs. Helen McCorkle Joppa Rd Fullerton Md

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, ashenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Cerebro-vascular accident & left
hemiplegia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Hypertensive C-V Dis. Grade III C.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from 3/13, 1951, to 3/21, 1951, that I last saw the
deceased alive on 3/21, 1951, and that death occurred at 4:00 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Joseph D. Zittler

M. D.

23B. ADDRESS

Lutheran Hosp. of Md.

23C. DATE SIGNED

3/21/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/24/51

24C. NAME OF CEMETERY OR CREMATORY

Luxxatville-Meth. Cen.

24D. LOCATION (City, town, or county)

Harford Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 22 1951

319510

Luxxatville Funeral Home 7401 Belair Rd Baltico Md.

1703

21

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

1703

21

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

200
51 2658

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2658
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mertina Hayes

2. DATE
OF
DEATH

March 19, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1017 W. Lanvale

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1017 W. Lanvale St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
Baltimore township)

D. STREET ADDRESS (If rural, give location)

1017 W. Lanvale St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W.

8. DATE OF BIRTH

April 8, 1900

9. AGE (In years,
last birthday)

50

10 Under 1 Year 11 Under 24 Hours
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Machine Operator

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

John Robinson

14. MOTHER'S MAIDEN NAME

Sophia ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Geraldine Carter 1918 W. Fayette St.

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Congestive Heart Failure

?

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive Cardio-Vascular Dis.

?

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION
None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 10, 1951 to March 19, 1951 that I last saw the
deceased alive on March 19, 1951, and that death occurred at 8 P. m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

844 N. Carey St. Baltimore, 3/22/51

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

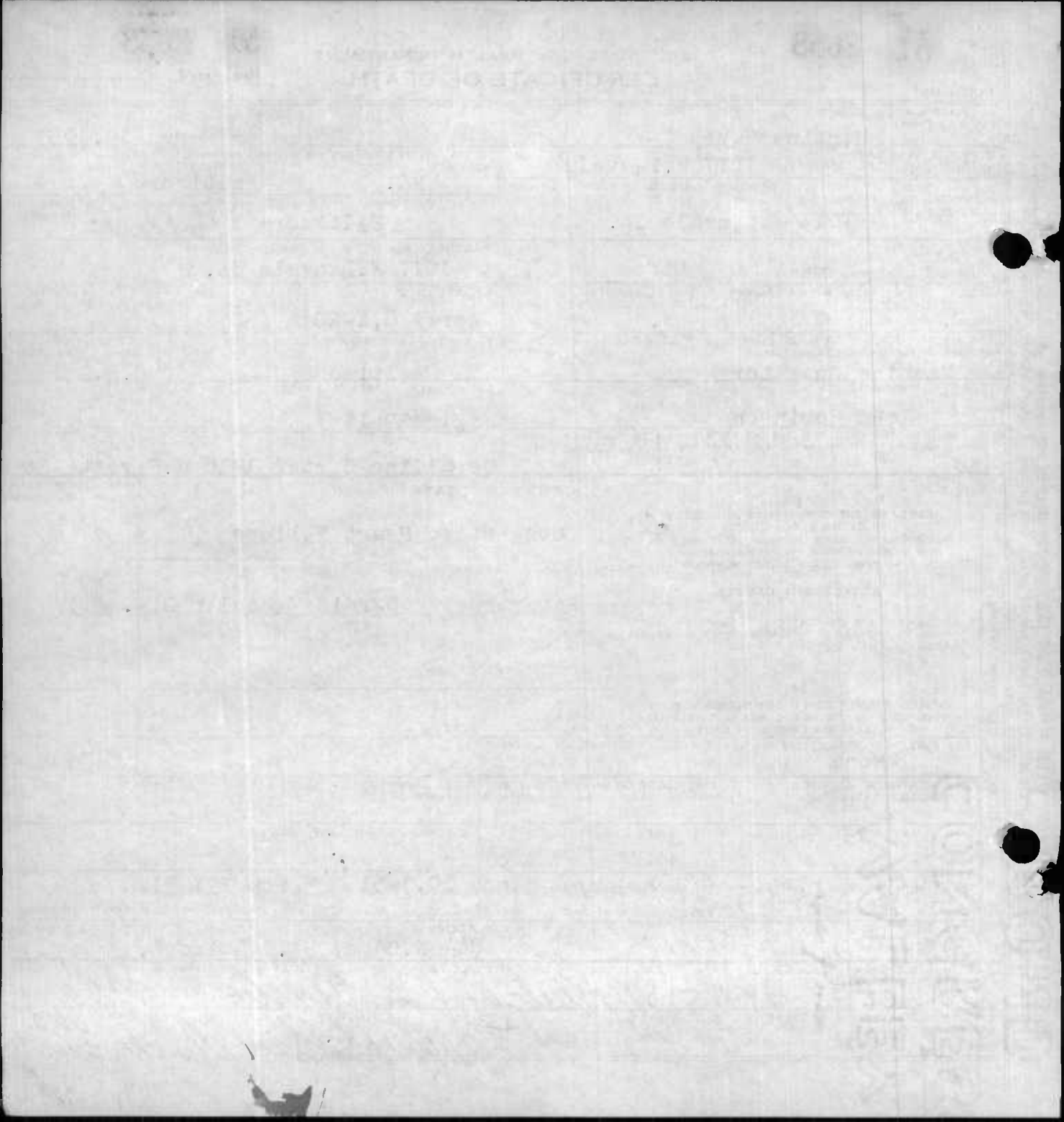
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

425 51 2659		BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH		51 2659 Registered No.	
BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		ALICE WILSON		March 18, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md.		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Union Memorial Hosp.		C. CITY OR TOWN Balto.		12-09	
c. Length of stay in Baltimore		O. STREET ADDRESS (If rural, give location) 1900 Barclay St.			
5. SEX F	6. COLOR OR RACE C	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH Oct. 8, 1873	9. AGE (In years last birthday) 77	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Manteo N.C.	
13. FATHER'S NAME Henry Ashby		14. MOTHER'S MAIDEN NAME Sammie Tillett		12. CITIZEN OF WHAT COUNTRY? usa	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.		17. INFORMANT Dora Carter	
				ADDRESS 1900 Barclays	
18. 334X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Cerebral arteriosclerosis (A) DUE TO		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an <u>Inspection</u> and <u>Inquiry</u> thereon and from the evidence obtained by said <u>Autopsy, Inspection or Inquiry</u> , find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE Stanley H. Durlacher M.D.		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED March 18, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE march 22 1951		24C. NAME OF CEMETERY OR CREMATORY Arbutus memorial Arbutus, Md.	
24D. LOCATION (City, town, or county) (State)		24E. DATE RECEIVED BY LOCAL REGISTRAR MAR 22 1951		24F. REGISTRAR'S SIGNATURE MAR 22 1951	
24G. FUNERAL DIRECTOR Mr. Walter Williams		24H. ADDRESS 9229		24I. SIGNATURE Schroeder	

COMMUNICATIONS SECTION
U.S. AIR FORCE

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

612
51 2660

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2660

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Grabowski

2. DATE
OF
DEATH

March 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

John Hopkins Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Nov. 11, 1912 38

9. AGE (In years
last birthday)

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Longshore Man

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Adolph Grabowski

14. MOTHER'S MAIDEN NAME

Alexandra Dymowski

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Army

W.W.II

16. SOCIAL
SECURITY NO.

216-07-5076

17. INFORMANT

ADDRESS

Joseph W. Grabowski

18. 340.3

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Purulent Meningitis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry hereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER..... ☐

23C. DATE SIGNED

M.D. ASSISTANT MEDICAL EXAMINER..... ☒

3-21-51

M.D. MEDICAL INVESTIGATOR..... ☐

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 22 1951

John M. Welby

John M. Welby 401 S. Chester St.

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PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information must be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-300

51 2661

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2661

Registered No.

BIRTH NO.		
1. NAME OF DECEASED (Type or Print) CHRISTINE REED		2. DATE OF DEATH 3-19-51
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
C. Length of stay in Baltimore 40 yr;		D. STREET ADDRESS (If rural, give location) 1749 E. Oliver Street
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY Own home
13. FATHER'S NAME Albert Thompson		11. BIRTHPLACE (State or foreign country) Virginia
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		12. CITIZEN OF WHAT COUNTRY? Mary ?
16. SOCIAL SECURITY NO.		14. MOTHER'S MAIDEN NAME Mary ?
17. INFORMANT James Reed		ADDRESS 1749 E. Oliver St.
18. 155X I CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Post-operative death DUE TO Shock & Hemorrhage ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Primary Carcinoma of the Gall Bladder DUE TO (C) INTERVAL BETWEEN ONSET AND DEATH		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		
19A. DATE OF OPERATION March 19, 1951		19B. MAJOR FINDINGS OF OPERATION Carcinoma of gall bladder
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 3/13/ , 1951, to 3/19/ , 1951, that I last saw the deceased alive on 3/19 , 1951, and that death occurred at 8:15 p. m. , from the causes and on the date stated above.		
23A. SIGNATURE Wm. B. Rafter		23B. ADDRESS 1400 N. Caroline Street
23C. DATE SIGNED 3/19/51		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/24/51	24C. NAME OF CEMETERY OR CREMATORY Mt. Calvary Cem.
24D. LOCATION (City, town, or county) A.A. County Md.		
DATE RECEIVED BY LOCAL REGISTRAR MAR 22 1951		25. FUNERAL DIRECTOR Mrs. Robert A. Elliott & Daughter
REGISTRAR'S SIGNATURE Huntington Hollingsworth		ADDRESS 1129 N. Caroline St.

12 1933

12 1933

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-250
51 2662

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2662

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MCLEWEN, PINCKNEY, FAITH

2. DATE
OF
DEATH

3/19/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Provident Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-01

D. STREET ADDRESS (If rural, give location)

628 Gold.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

11/11/28

9. AGE (In years last birthday)

22

If Under 1 Year Months: Days If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Student

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md. U. S. A.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Chiles

14. MOTHER'S MAIDEN NAME

Mary M. Pinckney

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Mary Pinckney Compton 628 Gold St.

18.

320X1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Subarachnoid Hemorrhage

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3/19 1951, to 3/19 1951, that I last saw the deceased alive on 3/19 1951, and that death occurred at 9:00 P. m., from the causes and on the date stated above.

23A. SIGNATURE

F. K. Chiles

23B. ADDRESS

1222 2. Paroline

23C. DATE SIGNED

3-21-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

3/23/1951

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Mem. Pk.

24D. LOCATION (City, town, or county)

Bald. Co. Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 22 1951

REGISTRAR'S SIGNATURE

Timothy J. Williams

25. CORNER DIRECTOR

1031 Druid Hill Ave.

REPORT OF THE FIELD OFFICE

1912

W. H. ...

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PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-650
51 2663

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2663

BIRTH NO.		1. NAME OF DECEASED (Type or Print) WILLIAM H. BROWN Jr.		2. DATE OF DEATH March 18, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
B. FULL NAME OF (If not in hospital or institution, give street address or location) St. Joseph's Hospital		D. STREET ADDRESS (If rural, give location) 2459 Druid Hill Avenue		E. Length of stay in Baltimore 39 yrs Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 18, 1904	9. AGE (In years last birthday) 46	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine operator		10B. KIND OF BUSINESS OR INDUSTRY Industrial plant		11. BIRTHPLACE (State or foreign country) Richmond, Va.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME William H. Brown Sr.		14. MOTHER'S MAIDEN NAME Lucy Crafton	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS 2459 Mrs. Genava F. Brown Druid Hill Ave.	
18. 431X CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Focal myocarditis (A) DUE TO					
ANTECEDENT CAUSES (B) DUE TO					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: <u>natural causes</u> <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE <i>William Updegraff</i>		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED March 19, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/22/1951		24C. NAME OF CEMETERY OR CREMATORY Mt. Auburn	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR Holland Funeral Home		ADDRESS 1631 Druid Hill Ave.	

MAR 22 1951

69044

93a ✓

2005 1A

2005 1A

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **51 2664**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Sedonia Scott Calloway

2. DATE
OF
DEATH

3/21/1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF

HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

1909 Riggs Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10b. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

Feb. 11, 1914

9. AGE (In years, last birthday)

37

11. BIRTHPLACE (State or foreign country)

Shinn, N. J.

12. CITIZEN OF WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Julia Scott

17. INFORMANT

ADDRESS *1909 Riggs Ave.*

19. *442X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ...

DUE TO

Hypertension - Cardiac - Renal Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ...

DUE TO

II

(C) ...

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

no

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3/14/1951*, to *3/21/1951*, that I last saw the deceased alive on *3/21/1951*, and that death occurred at *7 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Wayland S. Jones

M. D.

1300 N. Fremont Ave

3/22/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Funeral Home

Funeral Home

Funeral Home

VS 150

7205A

131a

1938 12

1938 12

VALLEY
ENGINEERS
BOND
CO. INC.
NEW YORK

PLEASE WRITE CORRECTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2665

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2665

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Bridget Owens

2. DATE
OF
DEATH

March 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland *1200 Valley St.*

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1200 Valley St

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Little Sisters of the Poor

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Sept. 11, 1864

9. AGE (In years,
last birthday)

87

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

England

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Edward Scully

14. MOTHER'S MAIDEN NAME

Mary Ballahan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Little Sisters of the Poor 1200 Valley St.

18. *4221 I*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Chronic Myocarditis

2 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Arterio-Sclerosis

10 yrs

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK

22. I hereby certify that I attended the deceased from *Feb 10 -*, 1951, to *March 21 -*, 1951, that I last saw the
deceased alive on *March 20*, 1951, and that death occurred at *11:30* a. m., from the causes and on the date stated above.

23A. SIGNATURE

E. Gill Hall M.D.

23B. ADDRESS

1631 E. North Ave

23C. DATE SIGNED

March 22 - 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Mar. 22, 1951

24C. NAME OF CEMETERY OR CREMATORY

St. Marys

24D. LOCATION (City, town, or county)

Lawrence, Mass.

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 22 1951

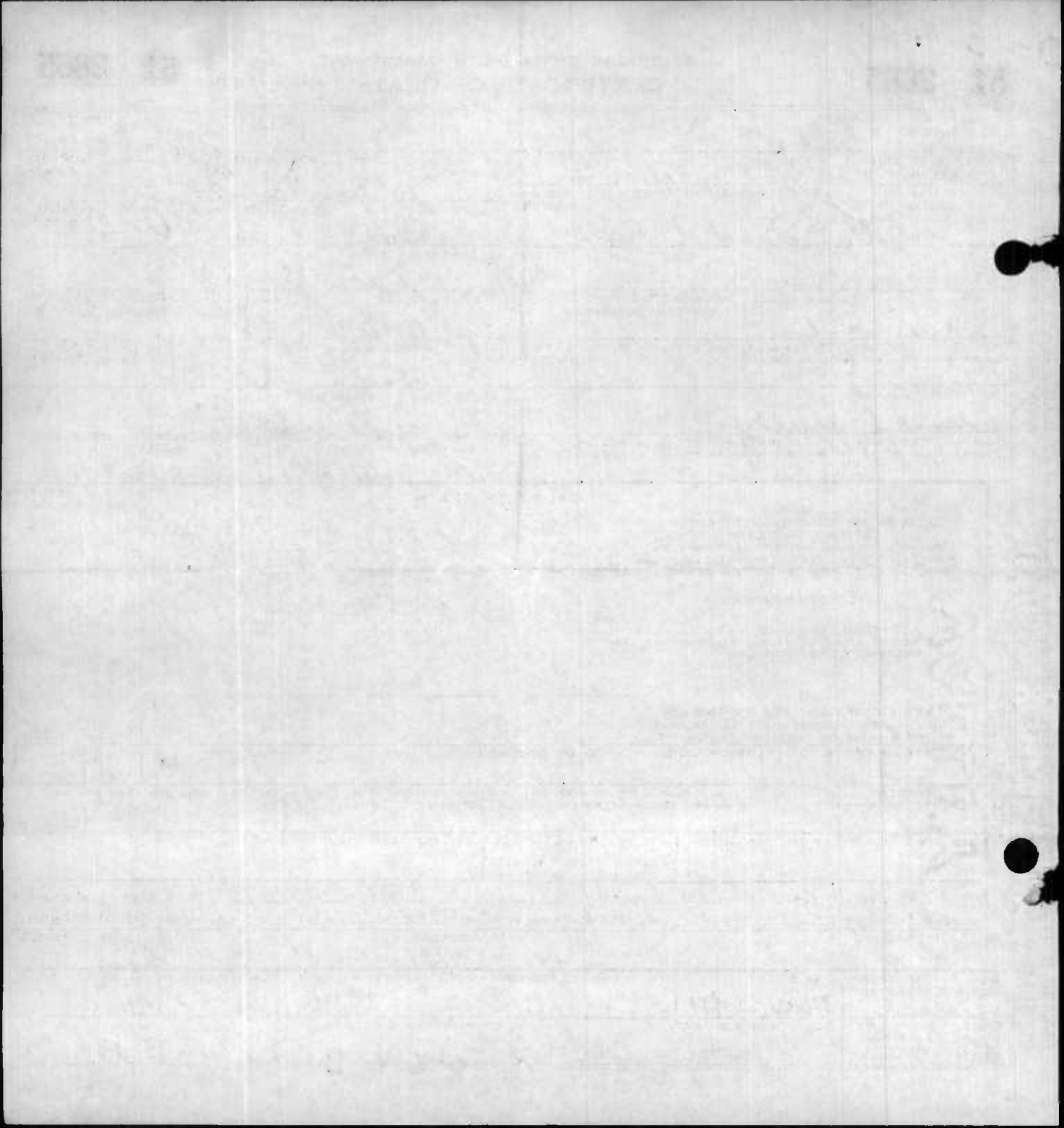
REGISTRAR'S SIGNATURE

Antony J. Halligan, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Robert W. Woodfield 9006 Biddle St



PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-400
51 2666

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2666
Registered No.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
RUTH M. BAILEY		Mar. 20, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
B. FULL NAME OF HOSPITAL OR INSTITUTION		A. STATE Md.	
6110 Parkway Drive		B. COUNTY	
C. CITY OR TOWN		Baltimore	
D. STREET ADDRESS (If rural, give location)		6110 Parkway Drive	
c. Length of stay in Baltimore		8. DATE OF BIRTH	
Yrs. Mos. Days		Oct. 25, 1922	
5. SEX		9. AGE (In years last birthday)	
female		28	
6. COLOR OR RACE		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	
white		housewife	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		10B. KIND OF BUSINESS OR INDUSTRY	
married		at home	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
Maryland			
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Jesse L. Denton		Lula F. Sisk	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
no		no	
17. INFORMANT		ADDRESS	
Mr. George L. Bailey		6110 Parkway Drive	
18. CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		3 yrs.	
(A) Pulmonary Tuberculosis			
DUE TO			
ANTECEDENT CAUSES			
(B)			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			
(C)			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
002X			
20. AUTOPSY?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED	
		WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan. 5, 1951, to March 20, 1951, that I last saw the deceased alive on March 18, 1951, and that death occurred at 7:45 a. m., from the causes and on the date stated above.			
23A. SIGNATURE		23B. ADDRESS	
M. W. Jacobson		2300 Canton Place	
M. D.		3-21-51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
Burial		3/23/51	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
New Cathedral Cem.		Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE	
MAR 22 1951		[Signature]	
25. FUNERAL DIRECTOR		ADDRESS	
[Signature]		13 B. [Signature]	

W. S. D.
100-1-40
BOND
CONGRESS
WATLEY

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2667
Registered No.

1. NAME OF DECEASED
(Type or Print)

WILLIAM H. SHELTON

2. DATE
OF
DEATH

Mar. 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE B. COUNTY

Md.

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

2555 W. Fairmount Ave.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Nov. 3, 1867

9. AGE (In years
last birthday)

83

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

retired Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

Electrical Appli.

11. BIRTHPLACE (State or foreign country)

Illinois

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Rodney W. Shelton

14. MOTHER'S MAIDEN NAME

Virginia

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Homer Shelton - 2316 Harlem Ave.

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

at least
2 years

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

DUE TO

(A) Hypertensive Cardiovascular Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 30, 1948, to March 21, 1951, that I last saw the deceased alive on March 21, 1951, and that death occurred at 5:40 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. O.

3101 W Baltimore St

3/21/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/24/51

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cem.

24D. LOCATION (City, town, or county)

Woodlawn, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 22 1951

Washington, D.C.

Wm. J. Baker & Sons

937 Balto Md.

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

516
51 2668

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2668

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ANGELO LOMBARDO (LOMBARDI)		2. DATE OF DEATH March 20, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 1502 N. Chapel St.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore 8-06	
c. Length of stay in Baltimore 40 years		D. STREET ADDRESS (If rural, give location) 1502 N. Chapel St.	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Feb. 23, 1881
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired laborer		10B. KIND OF BUSINESS OR INDUSTRY Woodcraft Mfg. Co.	9. AGE (In years last birthday) 70 If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.
11. BIRTHPLACE (State or foreign country) Italy		12. CITIZEN OF WHAT COUNTRY? Italy	
13. FATHER'S NAME Carmelo Lombardo Toys		14. MOTHER'S MAIDEN NAME unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO. 218-10-3829	
17. INFORMANT Marie Lombardo - wife - above		ADDRESS	

18. 40.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute Cardiac Failure DUE TO	INTERVAL BETWEEN ONSET AND DEATH 1/2 hour
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Arteriosclerotic Heart Disease DUE TO	5 yrs.
(C) Generalized Arteriosclerosis DUE TO	5 yrs.
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

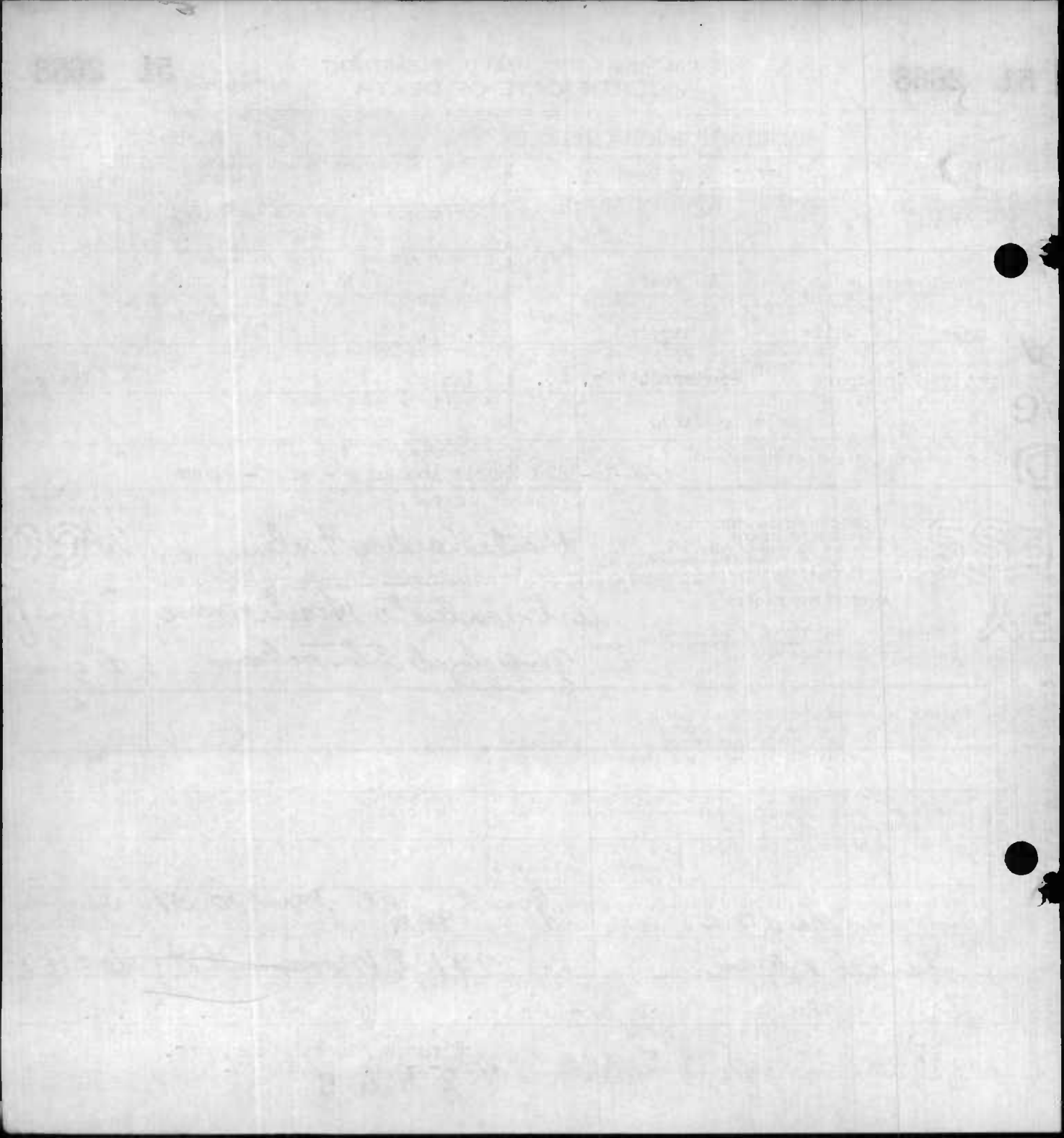
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Jan. 2, 1951 , to March 20, 1951 that I last saw the deceased alive on March 12, 1951 , and that death occurred at 9 AM , from the causes and on the date stated above.					
23A. SIGNATURE Isaiah Rosen		23B. ADDRESS M. D. 2413 E. Monument St.		23C. DATE SIGNED 3/22/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/23/51	24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer Cem.	24D. LOCATION (City, town, or county) (State) 4430 Belair Rd. Balto. Md.		
DATE RECEIVED BY LOCAL REGISTRAR MAR 22 1951	REGISTRAR'S SIGNATURE Isaiah Rosen	25. FUNERAL DIRECTOR Schimunek Funeral Home, Inc.		ADDRESS 2601-3-5 E. Madison St.	

VS 150

97032

2 7 6 5

937



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians; please write the causes of death clearly and legibly.

652
51 2669

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2669
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Allen Burns</i> ALLAN H. BURNS)			2. DATE OF DEATH <i>3/21/51</i>			
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY			
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>Maryland General Hospital</i>			6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i> <i>8-01</i>			
c. Length of stay in Baltimore <i>Life</i>			D. STREET ADDRESS (If rural, give location) <i>2804 Lake Avenue #13</i>			
7. SEX <i>Male</i>	8. COLOR OR RACE <i>white</i>	9. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>divorced</i>	10. DATE OF BIRTH <i>Mar. 23, 1902</i>		11. AGE (In years last birthday) <i>48</i>	
12. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Guard</i>			13. KIND OF BUSINESS OR INDUSTRY <i>Bendix Corp.</i>		14. BIRTHPLACE (State or foreign country) <i>Maryland</i>	
15. FATHER'S NAME <i>George Burns</i>			16. MOTHER'S MAIDEN NAME <i>Lula V. Heckman</i>		17. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
18. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>yes</i>			19. SOCIAL SECURITY NO. <i>217-07-8909</i>		20. INFORMANT <i>Mr. Joseph E. Burns</i>	
21. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Diffuse myocardial gastric and duodenal hemorrhage</i>			22. CAUSE OF DEATH (A) <i>Diffuse myocardial gastric and duodenal hemorrhage</i> (B) <i>Diffuse gastroenteritis</i> (C) <i>Diabetes mellitus; acidosis</i>			23. INTERVAL BETWEEN ONSET AND DEATH <i>unknown</i>
24. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.						
25. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.						
26. DATE OF OPERATION <i>3/21/51</i>		27. MAJOR FINDINGS OF OPERATION <i>Diffuse uncontrollable hemorrhage</i>			28. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
29. A. ACCIDENT WAS UNDER- LYNING OR CONTRIBUTING CAUSE OF DEATH		30. B. PLACE OF INJURY (e.g., home, farm, factory, street, office bldg., etc.)		31. C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
32. D. TIME (Month) (Day) (Year) (Hour) OF INJURY		33. E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		34. F. HOW DID INJURY OCCUR?		
35. I hereby certify that I attended the deceased from <i>3/19</i> , 1951 to <i>3/21</i> , 1951 that I last saw the deceased alive on <i>3/21</i> , 1951 and that death occurred at <i>9:35</i> p.m., from the causes and on the date stated above.						
36. SIGNATURE <i>Marquitta Louise Candler</i>			37. ADDRESS <i>Maryland General Hospital</i>		38. DATE SIGNED <i>3/21/51</i>	
39. A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		40. B. DATE <i>3/24/51</i>		41. C. NAME OF CEMETERY OR CREMATORY <i>Parkwood Cemetery</i>		
42. D. LOCATION (City, town, or county) <i>Baltimore, Md.</i>		43. E. STATE <i>Md.</i>				
44. DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 22 1951</i>		45. REGISTRAR'S SIGNATURE		46. FUNERAL DIRECTOR <i>Henry Sander & Sons, Inc.</i>		
47. ADDRESS		48. ADDRESS <i>Balto. 13, MD.</i>				

763 3M

61

1930 10

PAGE 12

13/12/30

[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side.]

S. E. 8

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-165
51 2670

SPIERING
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **51 2670**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

August C. Spiering

2. DATE
OF
DEATH

3/21/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION *Lutheran Hosp. of Md.*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE *Maryland*

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

4028 Hillen Road

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX
M

6. COLOR OR RACE
W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

June 16, 1882

9. AGE (In years
last birthday)

68

If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Jewelry Maker

10B. KIND OF BUSINESS OR
INDUSTRY
own business

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?
USA

13. FATHER'S NAME

August P. Spiering

14. MOTHER'S MAIDEN NAME

Mary Prine

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
no

16. SOCIAL
SECURITY NO.
215-32-0510

17. INFORMANT *4028 Hillen Road* ADDRESS-18
Mr. Charles W. Spiering

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

18.

470.1
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) *Acute Myocardial Infarction*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3/12*, 19*51*, to *3/21*, 19*51*, that I last saw the
deceased alive on *3/21*, 19*51*, and that death occurred at *440 A* m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph D. Lubliner

M. D.

23B. ADDRESS

Lutheran Hosp. of Md.

23C. DATE SIGNED

3/21/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/24/51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

HENRY SANDER & SONS, INC.
BALTO., 13, MD.

MAR 22 1951

VS 150

290322667

94a

0705

11

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

11 000

NAME

AGE

SEX

RACE

DATE OF BIRTH

DATE OF DEATH

PLACE OF BIRTH

PLACE OF DEATH

CAUSE OF DEATH

IMMEDIATE CAUSE

UNDERLYING CAUSE

PERMANENT CAUSE

TEMPORARY CAUSE

PREVIOUS CAUSE

PREVIOUS CAUSE

PREVIOUS CAUSE

PREVIOUS CAUSE

PREVIOUS CAUSE

PREVIOUS CAUSE

PREVIOUS CAUSE

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PREVIOUS CAUSE

PREVIOUS CAUSE

PREVIOUS CAUSE

PREVIOUS CAUSE

PREVIOUS CAUSE

PREVIOUS CAUSE

PREVIOUS CAUSE

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

630
51 2671

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2671

BIRTH NO.		
1. NAME OF DECEASED (Type or Print) <i>SOPHIA LIND BRITT</i>		2. DATE OF DEATH <i>3-22-51</i>
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY <i>BALTIMORE.</i>
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>UNION MEMORIAL HOSPITAL</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>BALTIMORE</i>
D. STREET ADDRESS (If rural, give location) <i>3916 BEACH AVE</i>		
E. Length of stay in Baltimore Yrs. <i>5</i> Mos. <i>3</i> Days		
5. SEX <i>F</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HOUSEWIFE - Clerk</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>U.S. CIVIL SERVICE</i>
11. BIRTHPLACE (State or foreign country) <i>NORWAY</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13. FATHER'S NAME <i>JACOB LIND</i>		14. MOTHER'S MAIDEN NAME <i>ELEANOR NELSON</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.
17. INFORMANT <i>DAUGHTER IN LAW</i>		ADDRESS

18. <i>190x and E903.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Melanoma - generalized metastatic</i>	CAUSE OF DEATH (A) <i>Melanoma - generalized metastatic</i> DUE TO (B) <i>CERTIFICATION APPROVED BY</i> <i>William J. Smith</i> <i>per: R. B. McFadden M. D.</i> CHIEF OR ASST. MEDICAL EXAMINER	INTERVAL BETWEEN ONSET AND DEATH <i>?</i>
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Fracture of neck of Left Femur</i>		

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Fracture of neck of Left Femur</i>		
19A. DATE OF OPERATION <i>3-20-51</i>	19B. MAJOR FINDINGS OF OPERATION <i>Fracture, neck of Left Femur</i>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input checked="" type="checkbox"/>	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Home</i>	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>3916 Beach Ave.</i>
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <i>3 17 51 12N</i>	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21F. HOW DID INJURY OCCUR? <i>FELL AT HOME slipped and fell to floor</i>
22. I hereby certify that I attended the deceased from <i>3-19</i> , 19 <i>51</i> , to <i>3-22</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>3-21</i> , 19 <i>51</i> , and that death occurred at <i>3:10A</i> , from the causes and on the date stated above.		
23A. SIGNATURE <i>Alvin Brzyslaw</i>	23B. ADDRESS <i>Union Mem. Hosp.</i>	23C. DATE SIGNED <i>March 22, 1951</i>

24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Cremation</i>	24B. DATE <i>3-24-51</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Greenmount</i>	24D. LOCATION (City, town, or county) (State) <i>Baltimore, Md.</i>
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 22 1951</i>	REGISTRAR'S SIGNATURE <i>Walter J. Williams, M.D.</i>	25. FUNERAL DIRECTOR <i>John O. Mitchell & Sons, Inc. - 1900 Eutan Place</i>	

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H- 523
51 2672

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

X 51 2672
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MICHAEL J. HONEYCUTT

2. DATE
OF
DEATH

March 22, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

US Marine Hospital

Wyman Pk. Drive & 31st St.

C. Length of stay in Baltimore

8 days

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

B. DATE OF BIRTH

8/17/44

9. AGE (In years

last birthday)

6

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

NC

12. CITIZEN OF

WHAT COUNTRY?

USA

13. FATHER'S NAME

Roy R. Honeycutt

14. MOTHER'S MAIDEN NAME

Tulean Blevins

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Records- US Marine Hospital, Balto, Md.

18. 204.3 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Leukemia, acute

DUE TO

About
3 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 14, 1951, to Mar. 22, 1951, that I last saw the deceased alive on Mar. 22, 1951, and that death occurred at 4 A. m., from the causes and on the date stated above.

23A. SIGNATURE

John L. Wilson, Medical Director

M. D.

23B. ADDRESS

US Marine Hospital, Balto, Md.

23C. DATE SIGNED

3/22/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-24-51

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Cabarrus County, N. C.

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 22 1951

REGISTRAR'S SIGNATURE

Walter G. Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

John G. Mitchell & Sons, Inc.

1113 Mitchell, 900 E. 2nd St. PL

VS 150

74a

1951

1951

1951

1951

1951

1951

1951

1951

1951

1951

1951

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2673

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2673
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNA MAY TWILLEY

2. DATE
OF
DEATH

March 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence + before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Methodist Home for the Aged
2211 W. Rogers Ave.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2211 W. Rogers Ave.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Mar. 28, 1862

9. AGE (In years
last birthday)

88

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Mtn.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Delaware

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Isaac Pyle

14. MOTHER'S MAIDEN NAME

Anna Wells

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. M. Fisher - 2211 W. Rogers Ave.

18. 4221

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Myocardial Infarction
DUE TO

4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriosclerosis
DUE TO

20 yrs.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from March 10, 1951, to March 21, 1951, that I last saw the deceased alive on 3-21, 1951, and that death occurred at 1:45 P. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Arthur J. Davis, M. D.

800 N. 33rd St.

3-22-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

3/23/51

24C. NAME OF CEMETERY OR CREMATORY

Brandywine Cem.

24D. LOCATION (City, town, or county)

Wilmington, Del.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 22 1951

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Wm. J. Pickener & Sons - Balto

VS 150

2670

937 Md.

ST 3873

ST 3873

ST 3873

WATLEY

1785

17

1785

17

CERTIFICATE OF ADOPTION

OF THE

CONSTITUTION OF THE UNITED STATES

IN THE

STATE OF

NEW YORK

IN SENATE

January 17, 1785

REPORT

OF THE

COMMISSIONERS OF THE LAND OFFICE

IN ANSWER TO A RESOLUTION

PASSED BY THE SENATE

ON THE 17TH DAY OF JANUARY

1785

AND

IN SENATE

January 17, 1785

REPORT

OF THE

COMMISSIONERS OF THE LAND OFFICE

IN ANSWER TO A RESOLUTION

PASSED BY THE SENATE

ON THE 17TH DAY OF JANUARY

1785

AND

IN SENATE

January 17, 1785

REPORT

OF THE

COMMISSIONERS OF THE LAND OFFICE

IN ANSWER TO A RESOLUTION

PASSED BY THE SENATE

ON THE 17TH DAY OF JANUARY

1785

AND

IN SENATE

January 17, 1785

REPORT

OF THE

COMMISSIONERS OF THE LAND OFFICE

IN ANSWER TO A RESOLUTION

PASSED BY THE SENATE

ON THE 17TH DAY OF JANUARY

1785

AND

IN SENATE

51 2675

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2675

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM H. SNOWHITE

2. DATE
OF
DEATH

3-21-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 15-10

D. STREET ADDRESS (If rural, give location)

3825 Cold Spring Lane

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

3825 Cold Spring Lane

c. Length of stay in Baltimore

60 Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9. AGE (In years)

last birthday

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

70

10A. USUAL OCCUPATION (Give kind of work done during greatest of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Oil business

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Samuel

14. MOTHER'S MAIDEN NAME

Not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Harold Snowwhite - 3725 Cold Spring Lane

18. 472.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral hemorrhage 1 year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Arteriosclerosis cardiac

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 21, 1949, to 3/20, 1951, that I last saw the deceased alive on 3/20, 1951, and that death occurred at 6 P.M. from the causes and on the date stated above.

22A. SIGNATURE

Maurice Chidester

22B. ADDRESS

22725 Linden D

22C. DATE SIGNED

3-22-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

3-23-51

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county)

Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

[Signature]

ADDRESS

2100 Canton Pl

MAR 23 1951

VS 150

290 6T

93)

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

Mr. Wm. L. Cook
E. J. G. - Richmond
Frank Lewis
2215
Chadwell Ave

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

0-362

51 2676

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2676

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

STRAUSS
MYER STRAUSS

2. DATE
OF
DEATH

3/22/1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence
A. STATE B. COUNTY before admission)

MARYLAND

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

2701 WHITNEY AVE

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE 27-19

D. STREET ADDRESS (If rural, give location)

2701 WHITNEY AVE

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Aug. 18, 1879

9. AGE (In years
last birthday)

71

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

MERCHANT

10B. KIND OF BUSINESS OR
INDUSTRY

TEXTILE

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

MOSES

14. MOTHER'S MAIDEN NAME

CAROLINE

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JULIA STRAUSS - 2701 WHITNEY AVE

18. 47211

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Pulmonary edema

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

arteriosclerotic cardiac -
vascular disease

10 years

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from January, 1946 to 3/22/1951, that I last saw the
deceased alive on 3/24/51, 1951, and that death occurred at 2:25 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Paul E. Carlsner

M. D.

23B. ADDRESS

2217 South Road

23C. DATE SIGNED

3/22/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

3/2 1951

24C. NAME OF CEMETERY OR CREMATORY

BALTO. HEBREW

24D. LOCATION (City, town, or county) (State)

BALTO.

MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 23 1951

Antington, Baltimore, Md.

NACK LEWIS INC - 2100 EUTAW PL

Carlson

~~710 4577~~

2217

South Road

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2677

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2677

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years, last birthday)

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 260X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 17 July, 1951, to 21 May, 1951, that I last saw the deceased alive on 21 May, 1951, and that death occurred at 10 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 23 1951

VS 150

61

223

10

RECEIVED BY THE
BUREAU OF THE
NAVY

NOV

12



PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRDBERN

51 2678

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2678

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Henry M. Dillbern

2. DATE
OF
DEATH

March - 20 - 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 422 N. Glover St

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years, last birthday)

If Under 1 Year Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 421.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Mitral Valvular disease ?

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

Decompensated

Arteriosclerosis - generalized -
Chronic bronchitis -

3 days

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from July, 1950, to March, 1951, that I last saw the deceased alive on March 20, 1951, and that death occurred at 9:55 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 23 1951

VS 150

3903D

92B

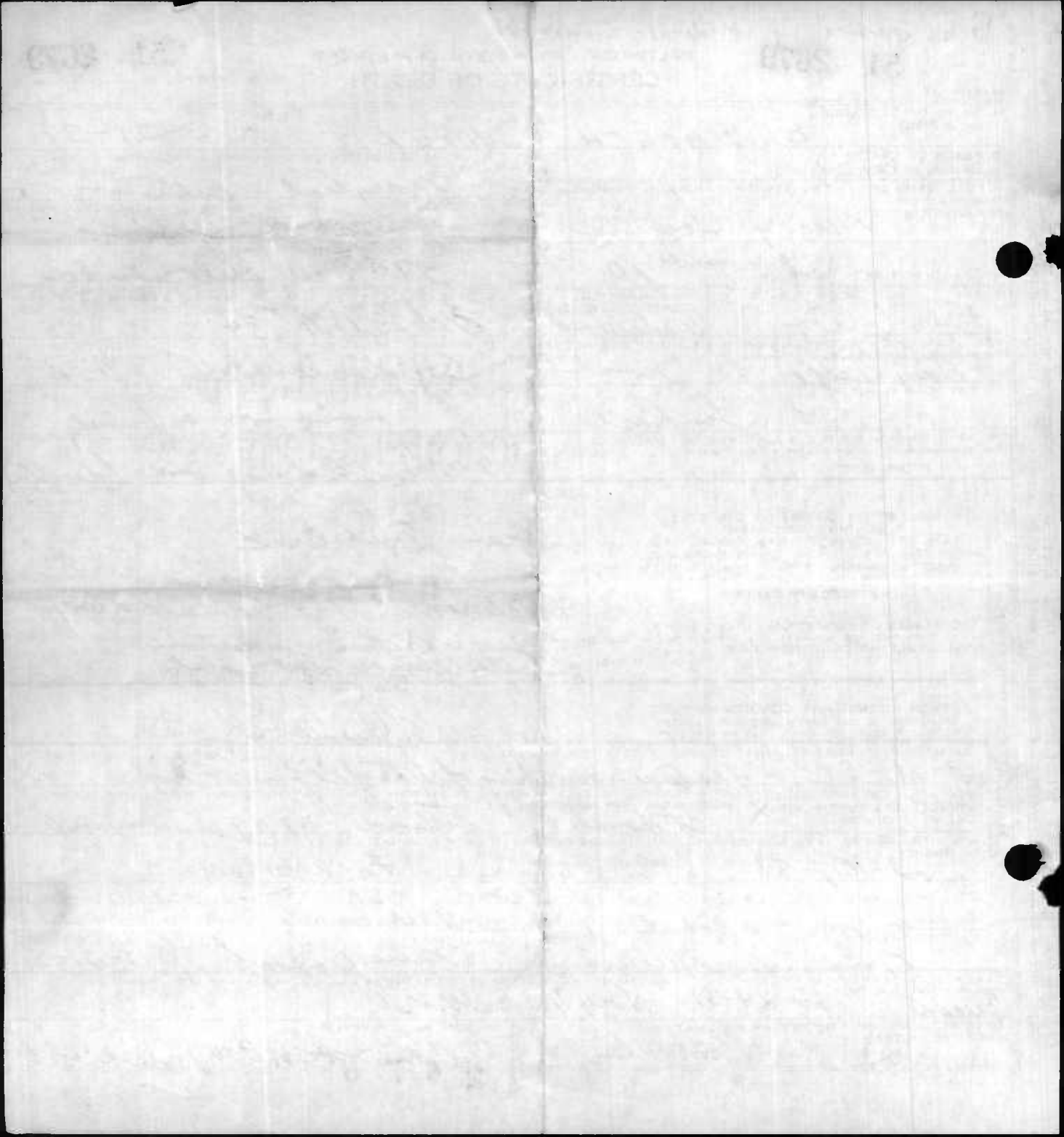
Dr. Klinges
2623 S. 11th Street St

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

To be approved by Medical Examiner			BALTIMORE CITY HEALTH DEPARTMENT		51 2679		
BIRTH NO.			CERTIFICATE OF DEATH			Registered No.	
1. NAME OF DECEASED (Type or Print)			ELIZABETH JUDINA			2. DATE OF DEATH 3-21-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore				
B. FULL NAME OF HOSPITAL OR INSTITUTION Mury Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-18				
C. Length of stay in Baltimore 70			D. STREET ADDRESS (If rural, give location) 3709 W. Garrison Ave				
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED Widowed	8. DATE OF BIRTH Feb 23, 1867		9. AGE (In years last birthday) 84		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife			10B. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (State or foreign country) Czechoslovakia		
13. FATHER'S NAME ? Lushart			12. CITIZEN OF WHAT COUNTRY? USA				
14. MOTHER'S MAIDEN NAME unknown by family			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no				
16. SOCIAL SECURITY NO.			17. INFORMANT Elen Judina Jane (daughter)				
18. E-903.01 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)			CAUSE OF DEATH			INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES			(A) Brain Embolus				
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.			DUE TO (B) Fracture neck of rt femur 2 wks.				
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			C) open reduction & insertion of Smith Peterson nail & plate				
19A. DATE OF OPERATION 3-21-51			19B. MAJOR FINDINGS OF OPERATION Fracture & overriding of neck of rt femur at neck			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) at home			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Baltimore 3709 W. Garrison Ave	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 3-10-51			21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			21F. HOW DID INJURY OCCUR? Slipped & Fell to floor	
22. I hereby certify that I attended the deceased from 3-20-1951 to 3-21, 1951 that I last saw the deceased alive on 3-21, 1951, and that death occurred at 9:40 A.M., from the causes and on the date stated above.							
23A. SIGNATURE Philip W. Deaneau, M.D.			23B. ADDRESS Mury Hosp			23C. DATE SIGNED 3-21-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) buried			24B. DATE 3-24-51			24C. NAME OF CEMETERY OR CREMATORY Holy Redeemer	
24D. LOCATION (City, town, or county) (State) Baltimore			25. FUNERAL DIRECTOR Thelma Brockson 9004 Blenheim				
DATE RECEIVED BY LOCAL REGISTRAR MAR 23 1951			REGISTRAR'S SIGNATURE [Signature]			ADDRESS [Address]	

N-870.0

186a



PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2680

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2680

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ella Hardin

2. DATE
OF

DEATH *3/20/1951*

3. PLACE OF DEATH:

A. Baltimore City, Maryland *Balto. City*

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore City

8-07

D. STREET ADDRESS (If rural, give location)

1508 East Chase Street

B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution location)

1508 East Chase Street

Yrs.
Mos.
Days

C. Length of stay in Baltimore *25 Yrs.*

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Female

Col.

Married

B. DATE OF BIRTH

Jan. 15, 1904

9. AGE (In years last birthday)

47

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Chester S.C.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

13. FATHER'S NAME

William

Wilks

14. MOTHER'S MAIDEN NAME

Cora

Carter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Elliott Hardin 1508 E. Chase St

18.

44-2 X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Hypertensive Cardio-renal disease

INTERVAL BETWEEN ONSET AND DEATH

13 yrs (History)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *—*, 19*—*, to *—*, 19*—*, that I last saw the deceased alive on *—*, 19*—*, and that death occurred at *4 A. m.*, from the causes and on the date stated above.

23A. SIGNATURE

Harold B. Fule

M. D.

23B. ADDRESS

1501 E. Eager St.

23C. DATE SIGNED

3/22/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/25/1951

24C. NAME OF CEMETERY OR CREMATORY

Chester

24D. LOCATION (City, town, or county)

Chester S.C.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 23 1951

REGISTRAR'S SIGNATURE

Harold B. Fule

25. FUNERAL DIRECTOR

Elroy G. Wilson 1000 Beantypave

ADDRESS

VS 150

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0835 12

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51 2682

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2682

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BERTHA

CLEMENTS

2. DATE
OF
DEATH

March 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

2022 Druid Hill Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

14-03

D. STREET ADDRESS (If rural, give location)

2022 Druid Hill Avenue

E. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

49

If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF
WHAT COUNTRY?10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Isaac Clements

14. MOTHER'S MAIDEN NAME

Gynthia Anderson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 340-1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Acute purulent meningitis

DUE TO pneumococcus

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

M.D.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

March 22, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3/24/51

24C. NAME OF CEMETERY OR CREMATORY

Richmond

24D. LOCATION (City, town, or county)

Va.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 23 1951

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

[Signature] 1303 Presstman St

ADDRESS

81a

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2683

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2683

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANK P. GRANGER

2. DATE
OF
DEATH

3-21-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTO. MD.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1044 S. Charles St

C. Length of stay in Baltimore

lifetime

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

BOAT MECHANIC

10B. KIND OF BUSINESS OR
INDUSTRY

PRIVATE BOATS

13. FATHER'S NAME

Thomas Granger

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

2-7-1887

9. AGE in years
last birthday

64

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

Catherine Hanley

17. INFORMANT

Family

ADDRESS

18.

241X

CAUSE OF DEATH

DISEASE OR CONDIION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDIIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

6 mos.

1 yr.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNOER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 2, 1950, to 3/21, 1951, that I last saw the
deceased alive on 3/21, 1951, and that death occurred at 8:00 m., from the causes and on the date stated above.

23A. SIGNATURE

J. J. Wheeler MD

23B. ADDRESS

1229 Wilham St

23C. DATE SIGNED

3/22/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-26-1951

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross Cemetery

24D. LOCATION (City, town, or county)

B. Ct. Co.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

J. J. Wheeler MD

25. FUNERAL DIRECTOR

James B. McCully

ADDRESS

1306 FORTAUE

VS 150

55430

93D

2833 12

2833 12

1912

1912

1912

1912

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1912

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2684

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2684

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Anna Margaret Zirckel

2. DATE
OF
DEATH

March 22, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

4700 Harford Road
Harford Nursing Home

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Saleslady

10B. KIND OF BUSINESS OR INDUSTRY

Department str.

13. FATHER'S NAME

Peter A. Ortt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
212-01-9764

8. DATE OF BIRTH

July 27, 1875

9. AGE (In years last birthday)

75

11 Under 1 Year
Months Days

11 Under 24 Hours
Hours Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Elizabeth Altvater

17. INFORMANT ADDRESS
5775 Edgepark Road
Mr. John H. Zirckel

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Pulmonary edema

DUE TO

1/2 hr

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Arteriosclerotic heart disease

DUE TO

with Hypertension

2 10 yrs.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK AT WORK

22. I hereby certify that I attended the deceased from 2 Dec, 1950, to 27 Dec, 1950, that I last saw the deceased alive on 21 Mar, 1951, and that death occurred at 6:00 m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

2843 St Paul

22 Mar 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

3/24/51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 23 1951

Wilmington, Delaware

HENRY SANDER & SONS, INC.
BALTO., MD

937

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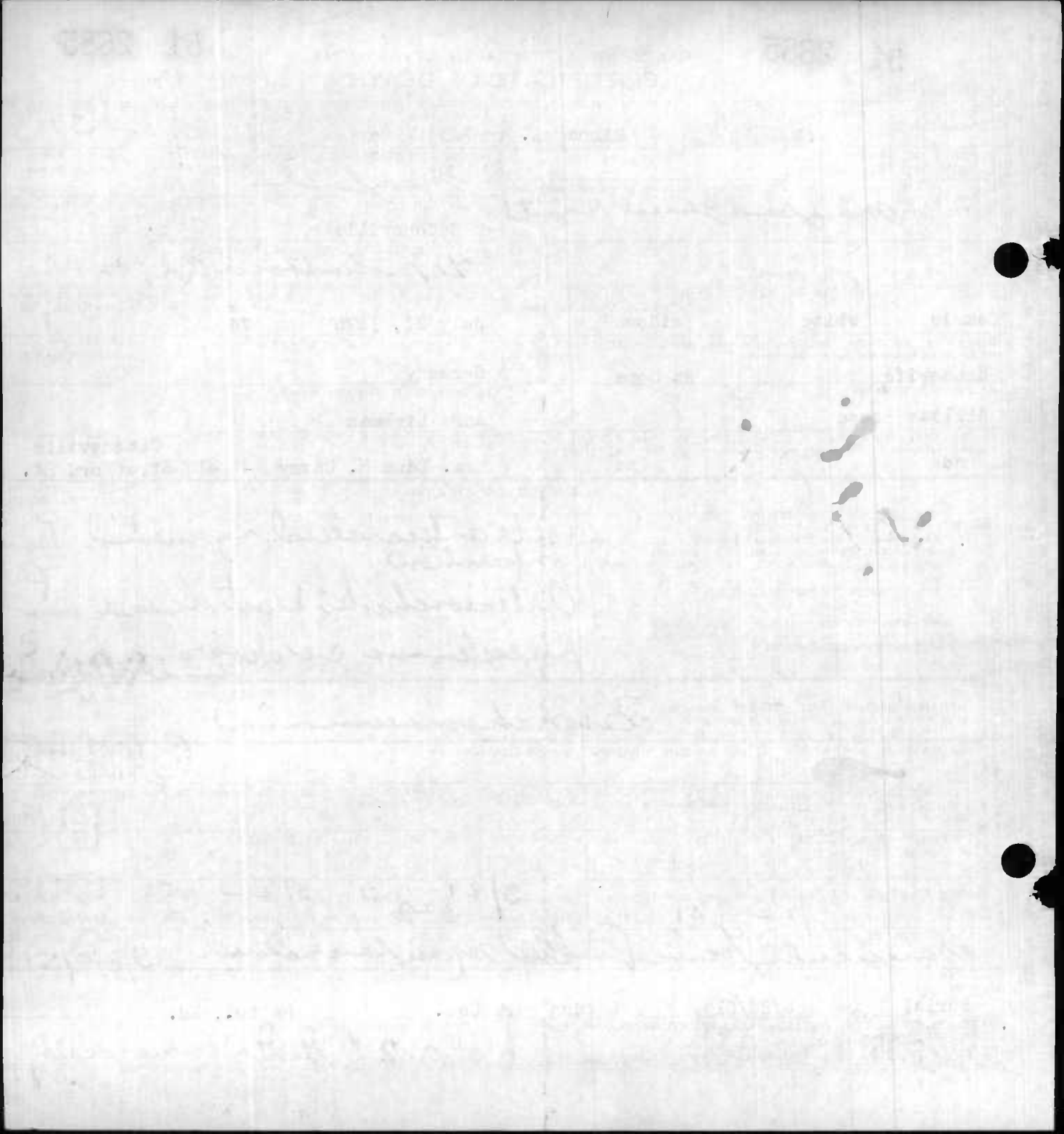
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PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2686

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2686

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

WALTER Fishpaw

2. DATE
OF
DEATH

3/22-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Balto. City Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto 26-36

D. STREET ADDRESS (If rural, give location)

6115 Poone St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

July 24th 18859. AGE (In years
last birthday)

65

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Textile Worker

10B. KIND OF BUSINESS OR
INDUSTRY

Mill

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Levi Fishpaw

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

203-03-7347

17. INFORMANT

Walter Fishpaw 6115 Poone St.

18. 442X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

Cardio Vascular Rival?
DUE TO NIS ease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 20, 1950 to March 20, 1951 that I last saw the
deceased alive March 20, 1950 and that death occurred at m. from the causes and on the date stated above.

23A. SIGNATURE

J. H. Johnson

M. D.

23B. ADDRESS

403 Medart Bldg

23C. DATE SIGNED

3-22-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/24/51

24C. NAME OF CEMETERY OR CREMATORY

St. Marys

24D. LOCATION (City, town, or county) (State)

Hampden Balto. Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Walter Fishpaw

25. FUNERAL DIRECTOR

ADDRESS

Wm. C. Coker 1217 St. Paul St.

VS 150

6904E

131a

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

A-460		51 2687		MILLER		BALTIMORE CITY HEALTH DEPARTMENT		51 2687		Registered No.	
BIRTH NO.											
1. NAME OF DECEASED (Type or Print) <i>Jennie Miller</i>						2. DATE OF DEATH <i>3/22/51</i>					
3. PLACE OF DEATH: A. Baltimore City, Maryland						4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) <i>Maryland</i>					
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Maryland General Hospital Baltimore</i>						C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 13-02</i>					
c. Length of stay in Baltimore Yrs. Mos. Days						D. STREET ADDRESS (If rural, give location) <i>603 Reservoir St Reservoir</i>					
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widow</i>		8. DATE OF BIRTH <i>Jan 21, 1875</i>		9. AGE (In years last birthday) <i>76</i>		10. Under 1 Year Months: Days	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>				10B. KIND OF BUSINESS OR INDUSTRY <i>At Home</i>		11. BIRTHPLACE (State or foreign country) <i>Baltimore Md</i>				12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Mr. B Lytle</i>						14. MOTHER'S MAIDEN NAME <i>Sarah Cassell</i>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>						16. SOCIAL SECURITY NO. <i>288-000000</i>					
18. <i>760x</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Diabetic coma sugar (840mgw) 24 hrs</i>						CAUSE OF DEATH (A) <i>Diabetic coma sugar (840mgw) 24 hrs</i> DUE TO (B) <i>Diabetes mellitus</i> DUE TO (C) <i>Arteriosclerosis & Hypertensive cardiovascular disease</i>					
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Arteriosclerosis & Hypertensive cardiovascular disease</i>						INTERVAL BETWEEN ONSET AND DEATH <i>24 hrs</i>					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.											
19A. DATE OF OPERATION <i>2/26/51</i>				19B. MAJOR FINDINGS OF OPERATION <i>Arteriosclerosis & Hypertensive cardiovascular disease</i>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>				21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <input type="checkbox"/>				21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <input type="checkbox"/>			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <input type="checkbox"/>				21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				21F. HOW DID INJURY OCCUR? <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from <i>3/22, 1951</i> to <i>3/22, 1951</i> , that I last saw the deceased alive on <i>3/22, 1951</i> , and that death occurred at <i>2430 p.m.</i> , from the causes and on the date stated above.											
23A. SIGNATURE <i>Marguerite Louisa Cadby</i>						23B. ADDRESS <i>Maryland General Hosp</i>		23C. DATE SIGNED <i>3/22/51</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Buried</i>		24B. DATE <i>3/26/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Mt Chod</i>		24D. LOCATION (City, town, or county) <i>Baltimore Md</i>		(State)			
DATE RECEIVED BY LOCAL REGISTRAR <i>3/31/51</i>		REGISTRAR'S SIGNATURE <i>William H. Fisher</i>				25. FUNERAL DIRECTOR <i>Wm. H. Fisher</i>		ADDRESS <i>1219 St Paul St</i>			
VS 150 <i>medical Examiner Dr. Fisher approved & released</i>											

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51 2688

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2688

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES R. HARPER

2. DATE
OF
DEATH

3-21-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Sinai Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

10A. USUAL OCCUPATION (Give kind of
done during most of working life, or if retired)

Elevator Operator

10B. KIND OF BUSINESS OR
INDUSTRY

Sinai Hospital

13. FATHER'S NAME

James Harper

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Muriel Overton 1328 N. Linwood Ave

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Embolism

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

Mural Thrombosis of Heart

?

DUE TO

(C)

Arteriosclerotic ht. dis.

?

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from Mar. 6, 1951, to Mar. 21, 1951, that I last saw the
deceased alive on Mar. 21, 1951, and that death occurred at 10:55 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Ruth Bleier

23B. ADDRESS

Sinai

23C. DATE SIGNED

3-22-51

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3/24/51

24C. NAME OF CEMETERY OR CREMATORY

Oak Lawn

24D. LOCATION (City, town, or county)

Balt. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

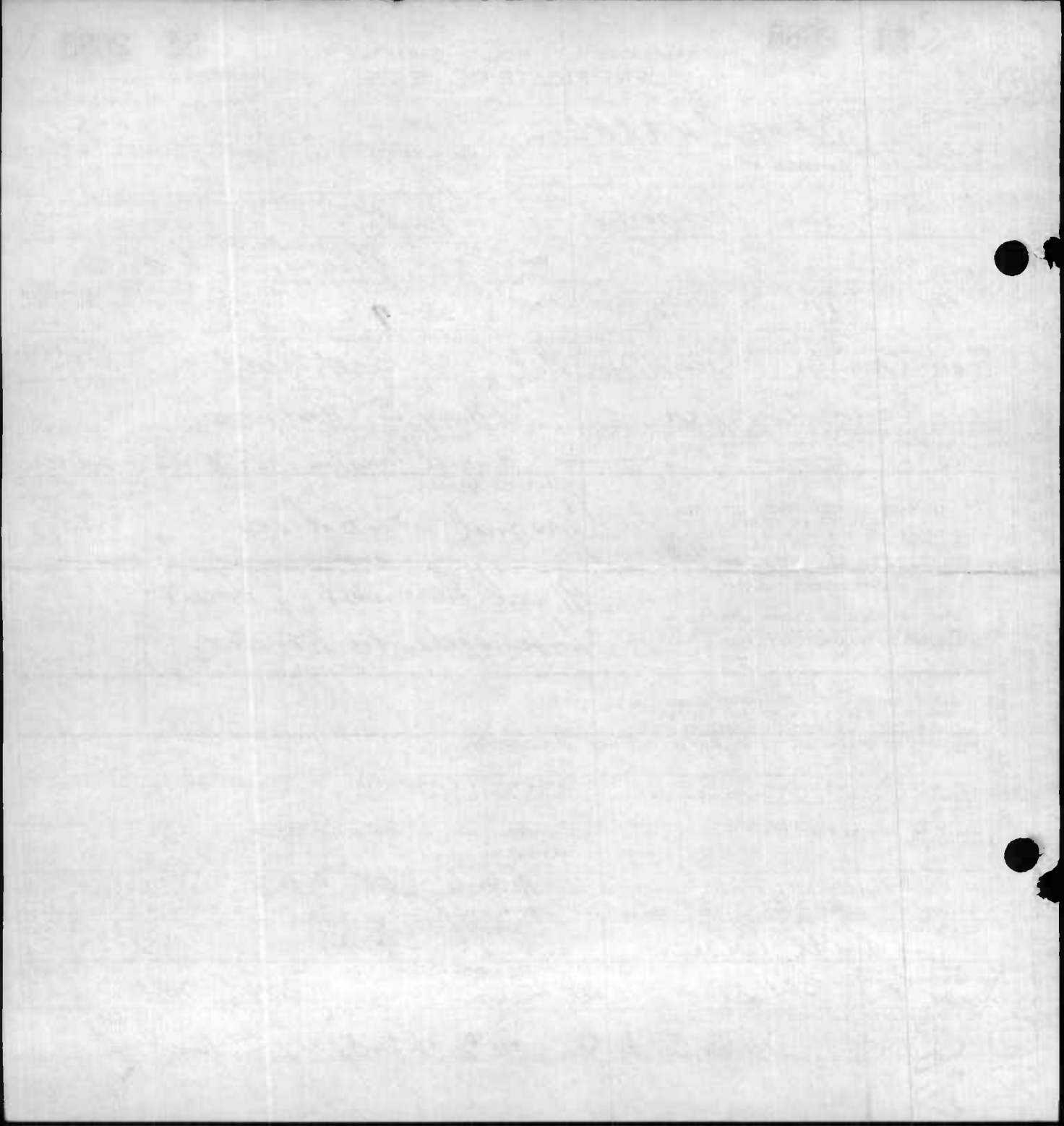
25. FUNERAL DIRECTOR

ADDRESS

MAR 23 1951

Wm. C. C. Inc. 5217 St. Paul St.

Wm. C. C. Inc. 5217 St. Paul St.



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please state the causes of death clearly and legibly.

51 2689

BREITLING
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2689

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BREITLING, John George

2. DATE
OF
DEATH

3-22-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Univ of Md Hosp

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR INDUSTRY

Otis Elev. Co.

13. FATHER'S NAME

John G. Breitling

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

163-05-3812

17. INFORMANT

ADDRESS

Mrs. A. M. Breitling, Ellicott City, Md.

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

arteriosclerotic ht. disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

diabetes mellitus, diabetic gangrene, l. 3rd toe

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1 MAR 1951 to 22 MAR 1951 that I last saw the deceased alive on 22 MAR 1951 and that death occurred at 4:55 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Charles Breitling III M. D.

23B. ADDRESS

Univ of Md

23C. DATE SIGNED

3-22-50

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3-26-51

Meadowridge

Dorsey, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 23 1951

Walter J. Higinbotham

F. C. Higinbotham, Ellicott City, Md.

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12-11-12

12-11-12

12-11-12

12-11-12

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **51 2680**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

NELLIE CROSSMAN

2. DATE
OF
DEATH

March 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Wm. B. Dodge

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

(Yes, no or unknown)

(If yes, give war or dates of service)

8. DATE OF BIRTH

May 25, 1881

9. AGE (In years
last birthday)

69

11 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

Mellie M. Brown

17. INFORMANT

ADDRESS

Pearson Funeral Home, Falls Church, Va.

18. **584X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) **Generalized Peritonitis**

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) **Ruptured Gall Bladder**

3 days

(C) **Cholelithiasis**

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

Bronchiectasis

20 yrs

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from **3/21**, 1951, to **3/23**, 1951, that I last saw the
deceased alive on **3/23**, 1951, and that death occurred at **2:15** A. M., from the causes and on the date stated above.

23A. SIGNATURE

Robert T. Parker

23B. ADDRESS

University Hospital

23C. DATE SIGNED

Mar 23, 1951

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Mar 26, 1951

24C. NAME OF CEMETERY OR CREMATORY

Oakwood Cemetery

24D. LOCATION (City, town, or county)

Falls Church Va.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 24 1951

Wm. J. Tickner & Sons

2607

**Balt. 17, Md.
126**

VS 150

MAR 24 1951

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PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be given fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

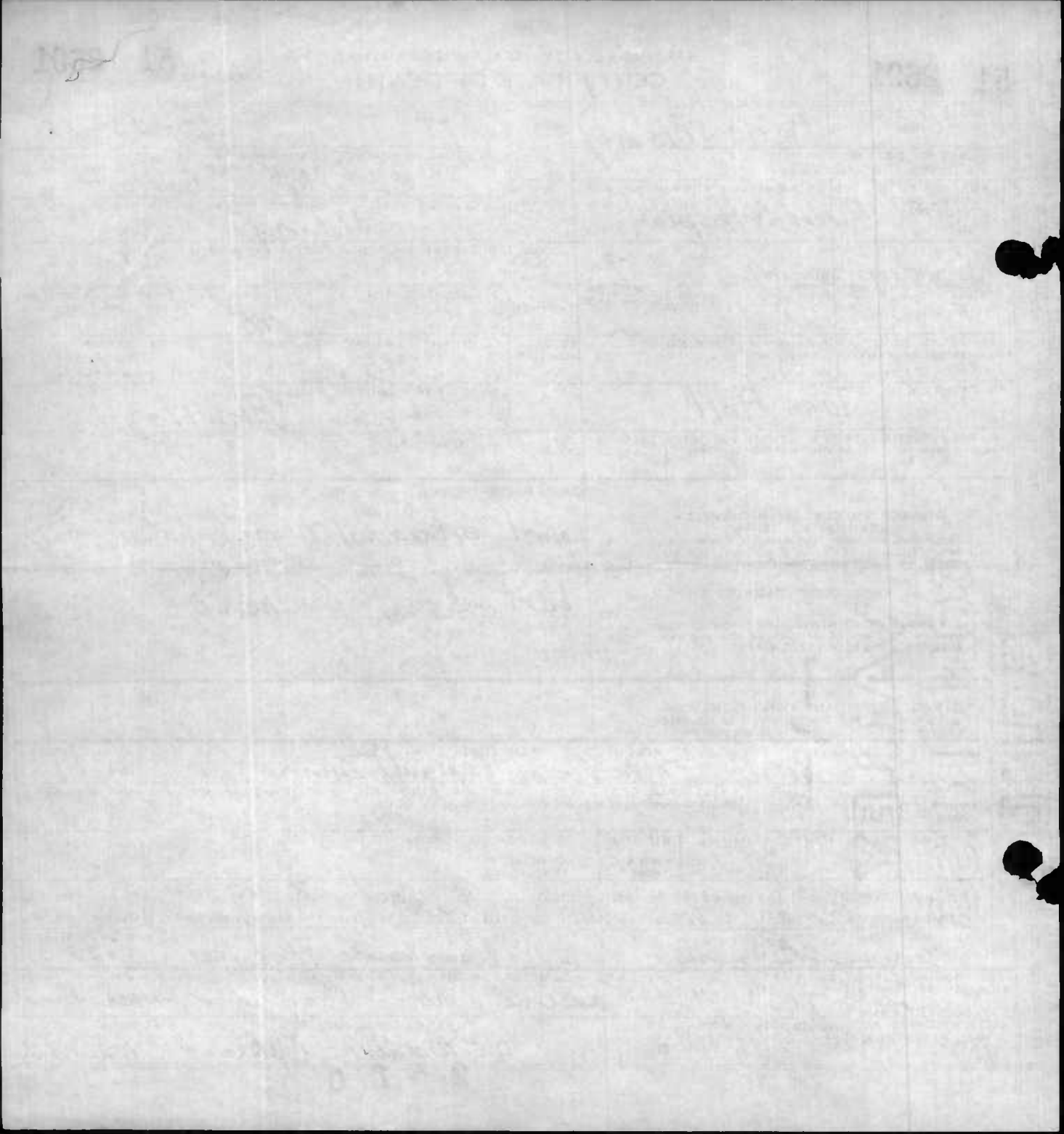
Registered No. **51 2691**

BIRTH NO. **51 2691**

1. NAME OF DECEASED (Type or Print) Marie Blamble			2. DATE OF DEATH 3-23-51		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE B Md b. COUNTY Barrett		
b. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Oakland		
e. Length of stay in Baltimore 9 Days			d. STREET ADDRESS (If rural, give location) 6100		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday) 48	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Md.		12. CITIZEN OF WHAT COUNTRY? Ans.
13. FATHER'S NAME John Roff			14. MOTHER'S MAIDEN NAME Lydia Blamble		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS		

18. 1951 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Spinal extradural tumor, metastatic DUE TO (A) Left adrenal carcinoma (B) (C) ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	INTERVAL BETWEEN ONSET AND DEATH 2-3 yrs
--	--

19a. DATE OF OPERATION 3-15-51		19b. MAJOR FINDINGS OF OPERATION Extradural (spinal) tumor		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-16-51 to 3-22-51 , that I last saw the deceased alive on 3-22-51 and that death occurred at 9:00 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE James S. Browne		23b. ADDRESS University Hospital		23c. DATE SIGNED 3-23-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 3-23-51		24c. NAME OF CEMETERY OR CREMATORY Oakland, Md.	
24d. LOCATION (City, town, or county) Oakland, Maryland		24e. LOCATION (State) Md.		24f. LOCATION (Country) U.S.A.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 24 1951		REGISTRAR'S SIGNATURE James S. Browne		25. FUNERAL DIRECTOR D.E. Boldin	
				ADDRESS Oakland, Maryland	



PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

636
51. 2692

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2692

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Harry LeRoy Cartwright		2. DATE OF DEATH March 22, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township.) Baltimore 9-07			
Length of stay in Baltimore		O. STREET ADDRESS (if rural, give location) 1504 Abbotson			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 25, 1894	9. AGE (In years last birthday) 56	If Under 1 Year Months Days If Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Silk Spotter		10B. KIND OF BUSINESS OR INDUSTRY Arcade Laundry		11. BIRTHPLACE (State or foreign country) Shariton, Iowa	
13. FATHER'S NAME (Unknown) Cartwright		14. MOTHER'S MAIDEN NAME Unknown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) Yes WWI		16. SOCIAL SECURITY NO. 216-09-2589		17. INFORMANT Mrs Celia Cartwright, 1504 Abbottston St.	

MEDICAL CERTIFICATION

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) H201 I Coronary arteriosclerosis (A) DUE TO		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. II					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. S. Fisher		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED March 22, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/24/51		24C. NAME OF CEMETERY OR CREMATORY Lorraine Park	
DATE RECEIVED BY LOCAL REGISTRAR MAR 24 1951		REGISTRAR'S SIGNATURE [Signature]		24D. LOCATION (City, town, or county) (State) Woodlawn, Md.	
25. FUNERAL DIRECTOR [Signature]		ADDRESS 1217 St Paul St 94a ✓			

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2693

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GRACE A Gumpman

2. DATE
OF
DEATH

MARCH 21
1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 600 S. Chapelgate LA

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION Pinecrest SANATARIUM

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

6209 Liberty Heights Ave

c. Length of stay in Baltimore

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years

10. Under 1 Year

11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 153X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cancer of the lower
bowel

9 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) Oliguria Probably due to Metastatic
Cancer 3 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK AT WORK

22. I hereby certify that I attended the deceased from MARCH 16, 1951, to MARCH 21, 1951, that I last saw the
deceased alive on MARCH 20, 1951, and that death occurred at 1:55 P.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

WATKINS

WATKINS

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2694

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2694

BIRTH NO. 51-06222

1. NAME OF DECEASED
(Type or Print)

Emily Hicks

2. DATE
OF
DEATH 3-23-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Bon Secours Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore, 12, 27-12

D. STREET ADDRESS (If rural, give location)

5214 Spring Lake Way,

C. Length of stay in Baltimore

Life

Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

3-22-51

9. AGE (In years
last birthday) If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

22 90

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Hugh Francis Hicks

14. MOTHER'S MAIDEN NAME

Mary Louise Amos

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Hugh Francis Hicks (father) 5214 Spring Lake

18. 769.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Anoxia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Anasarca

DUE TO

(C) Diabetes mellitus (mother is Diabetic)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/22/51, to 3/23/51, that I last saw the
deceased alive on 3/23/51, and that death occurred at 4:20 A. m., from the causes and on the date stated above.

23A. SIGNATURE

D. L. Mohler M. D.

23B. ADDRESS

Bon Secours Hosp.

23C. DATE SIGNED

3/23/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

Mar-24-1951

Loudon Park Cemetery

Baltimore, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 24 1951

Stewart & Mogen Co., 108 W. North Avenue.

City #1.

VS 150

061.0

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-300
51 2695

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2695

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HOWARD-MILTON- ROETH.

2. DATE
OF
DEATH

MARCH. 22/51.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence

A. STATE B. COUNTY

before admission)

5. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

409-5. BENTALOU- ST.

MARYLAND.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

BALTIMORE. 20-05

D. STREET ADDRESS (If rural, give location)

409-5. BENTALOU- ST.

C. Length of stay in Baltimore

LIFE.

Yrs.
Mos.
Days

5. SEX

MALE.

6. COLOR OR RACE

WHITE.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED.

8. DATE OF BIRTH

DEC. 20-1887.

9. AGE (In years;

last birthday)

63

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

GLASS-BLOWER.

10B. KIND OF BUSINESS OR
INDUSTRY

MAKING-BOTTLES.

11. BIRTHPLACE (State or foreign country)

BALTIMORE, - MD.

12. CITIZEN OF

WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

WILLIAM

ROETH.

14. MOTHER'S MAIDEN NAME

UNKNOWN.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no or unknown)

NO.

16. SOCIAL

SECURITY NO.

NO.

17. INFORMANT

MRS. MINNIE-E. ROETH;

ADDRESS

409-5. BENTALOU- ST.

18. 260X

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN
ONSET AND DEATH

48 hours.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

ml.

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 8-15-1950, to 3-21, 1951, that I last saw the
deceased alive on 28-APR-1951 and that death occurred at 11 AM, from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

715-N. Charles St.

23C. DATE SIGNED

11-22-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL.

24B. DATE

MARCH. 26/51.

24C. NAME OF CEMETERY OR CREMATORY

LOUDON-PARK-CEMETERY.

24D. LOCATION (City, town, or county)

BALTIMORE - MD.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

Charles J. Schuch

ADDRESS

3512-FREDERICK-

VS 150

59435

61

- AVE.

1002 12

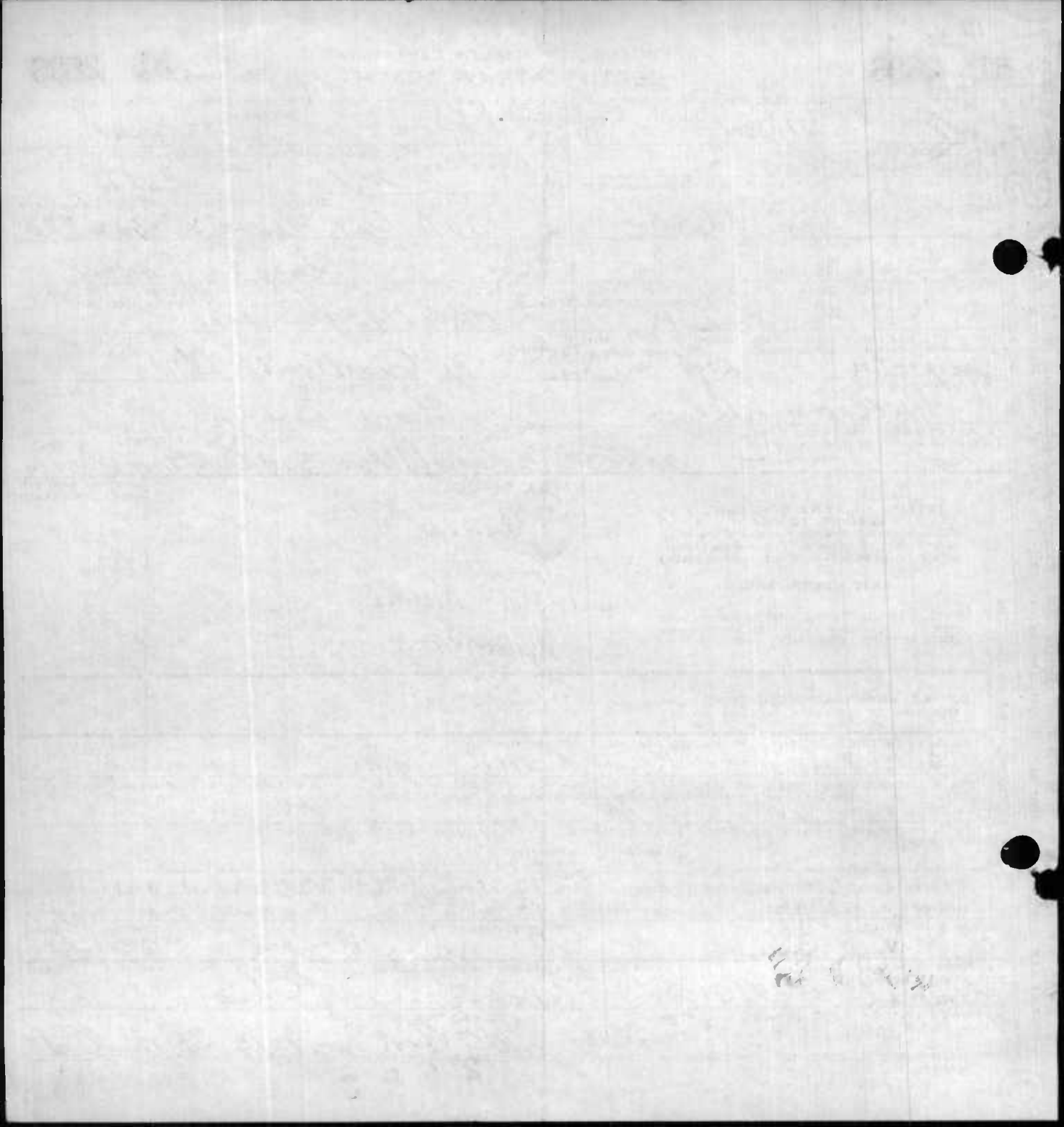
PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

425
51 2696

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2696

1. NAME OF DECEASED (Type or Print) <i>Wilson, DUANE C. WILSON. Duane C</i>			2. DATE OF DEATH <i>23 March 51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>Md</i> B. COUNTY <i>Balto</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Sinai Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>30A Oak Grove Drive #20</i>		
D. STREET ADDRESS (If rural, give location) <i>5300 Rural - Essex</i>			5. SEX <i>M</i> 6. COLOR OR RACE <i>W</i> 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>M</i>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Inspector</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>Monumental Life Ins. Co.</i>		
11. BIRTHPLACE (State or foreign country) <i>McConnellsville Ohio</i>			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME <i>William Wilson</i>			14. MOTHER'S MAIDEN NAME <i>Grace Bowen</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>			16. SOCIAL SECURITY NO. <i>213-03-4440</i>		
17. INFORMANT <i>Essex</i> ADDRESS <i>Mary Wilson 30A Oak Grove Drive</i>			18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <i>Venous</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Renal Necrosis</i> DUE TO <i>Pyelonephritis</i>		
19A. DATE OF OPERATION <i>20 March 51</i>			19B. MAJOR FINDINGS OF OPERATION <i>Renal Necrosis - pyelitis</i>		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <i>No</i>		
21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>No</i>			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <i>No</i>		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		
21F. HOW DID INJURY OCCUR?			22. I hereby certify that I attended the deceased from <i>13 March 1951</i> to <i>23 March 1951</i> , that I last saw the deceased alive on <i>23 March 1951</i> , and that death occurred at <i>9:45 p. m.</i> , from the causes and on the date stated above.		
23A. SIGNATURE <i>John S. Selen</i>			23B. ADDRESS <i>Sinai Hospital</i>		
23C. DATE SIGNED <i>23 March 51</i>			24A. BURIAL OR CREMATION REMOVAL (Specify) <i>Removal</i>		
24B. DATE <i>3/24/51</i>			24C. NAME OF CEMETERY OR CREMATORY <i>Hitchcock</i>		
24D. LOCATION (City, town, or county) (State) <i>Ohio</i>			25. FUNERAL DIRECTOR <i>4727 Cook Inc. 1217 St. Paul St</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 24 1951</i>			REGISTRAR'S SIGNATURE <i>John S. Selen</i>		



PLEASE WRITE IN INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

652

FRANKE

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2697

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRANKE, Charles

2. DATE

OF

DEATH

3-19-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

U of Md Hosp

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Jan 27 1875

9. AGE (In years,
last birthday)

75

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

POSTAL SERVICE

11. BIRTHPLACE (State or foreign country)

Park

12. CITIZEN OF
WHAT COUNTRY?

US

13. FATHER'S NAME

William Franke

14. MOTHER'S MAIDEN NAME

Caroline Meisole

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

UNK

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS 214

Mr Louis Allen N. Patterson PK

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

diarrhea & pneumonia

7 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

viral infection

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Dr. James Allison

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

no

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12 Mar, 1951, to 19 Mar, 1951, that I last saw the
deceased alive on 14 Mar, 1951, and that death occurred at 9 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Charles W. Bagley III

M. O.

23B. ADDRESS

Univ. Hosp - Park Md

23C. DATE SIGNED

3-19-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

Mar 24, 1951 Parkwood

24D. LOCATION (City, town, or county)

Parkville Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. J. Sullivan

25. FUNERAL DIRECTOR

Walter J. J. Home

ADDRESS 200F

Albany St

MAR 24 1951

109a

1872 12

[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side.]

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and loudly.

FRANKE

51 2698

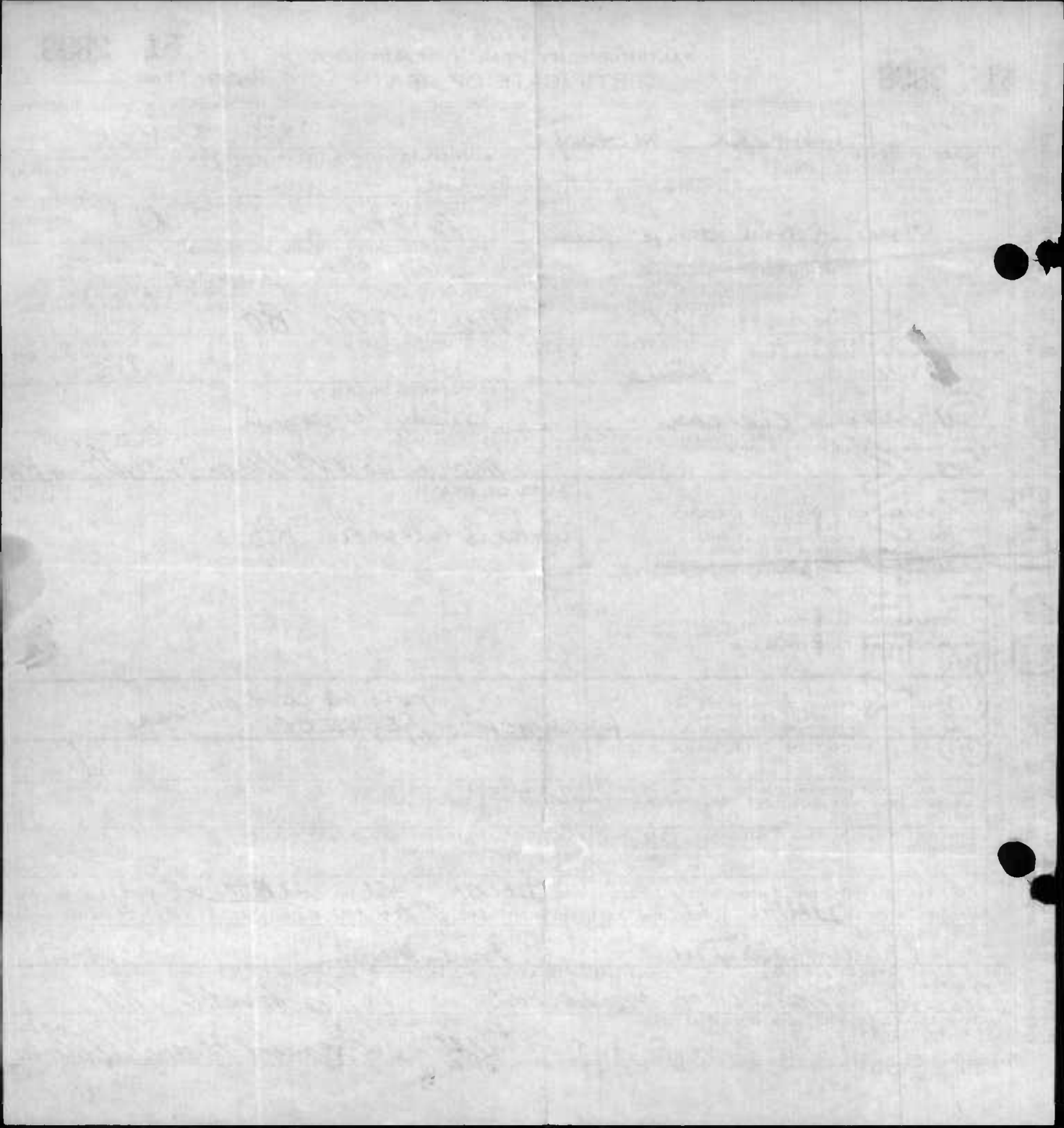
BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.						CERTIFICATE OF DEATH					
1. NAME OF DECEASED (Type or Print) FRANKE, Molly								2. DATE OF DEATH 3-21-51			
3. PLACE OF DEATH: A. Baltimore City, Maryland								4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY Baltimore			
B. FULL NAME OF (If not in hospital or institution, give street address or location) Univ of Md Hosp								C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 7-01			
E. Length of stay in Baltimore Yrs. Mos. Days								D. STREET ADDRESS (If rural, give location) 2811 E. Monument			
5. SEX F		6. COLOR OR RACE W		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W		8. DATE OF BIRTH Nov. 7, 1870		9. AGE (In years & birthday) 80		II Under 1 Year Months Days III Under 24 Hours Hours Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HW				10B. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) Va.				12. CITIZEN OF WHAT COUNTRY? US	
13. FATHER'S NAME Warren Allison						14. MOTHER'S MAIDEN NAME Emily W. Ward					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no				16. SOCIAL SECURITY NO.		17. INFORMANT Mrs Louise Allison N. Patterson				ADDRESS 214	
18. 420.0 and 157X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) arterio sclerotic HD						CAUSE OF DEATH (A) arterio sclerotic HD DUE TO (B) _____ DUE TO (C) _____					
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.											
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. pneumonia, possible carotid aneurysm											
19A. DATE OF OPERATION ✓				19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH				21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR?		(If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY				21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 1 MAR 1951 , to 21 MAR 1951 , that I last saw the deceased alive on 21 MAR 1951 , and that death occurred at 8:00 A.M. , from the causes and on the date stated above.											
23A. SIGNATURE Charles Bagley III						23B. ADDRESS Univ Hosp		23C. DATE SIGNED 3-21-51			
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)					
Buried		Mar 24 1951		Parkwood		Parkville Md					
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE				25. FUNERAL DIRECTOR				ADDRESS	
MAR 24 1951		[Signature]				Alfred J. [Signature]				2098	

MEDICAL CERTIFICATION

93D



PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

516
51 2699

KEMPER
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2699

1. NAME OF DECEASED (Type or Print) <i>Charles D. Kemper</i>			2. DATE OF DEATH <i>3/23/51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md</i> B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University</i>			C. CITY OR TOWN (If outside corporate limits, write full R.A.L. and give township) <i>Baltimore 2701</i>		
D. STREET ADDRESS (If rural, give location) <i>3436 Belair Rd.</i>			E. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		
5. SEX <i>m</i>	6. COLOR OR RACE <i>w</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>June 4, 1903</i>	9. AGE (In years last birthday) <i>47</i>	H Under 1 Year Months: Days H Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Sign Painter</i>		10B. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <i>Baltimore Md</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13. FATHER'S NAME <i>Charles Kemper</i>			14. MOTHER'S MAIDEN NAME <i>Marie V. Brown</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Mrs. Lottie Kemper</i> ADDRESS <i>3436 Belair Rd</i>		

MEDICAL CERTIFICATION

18. <i>570.5</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Uremia</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>Intestinal Obstruction</i>	CAUSE OF DEATH INTERVAL BETWEEN ONSET AND DEATH
---	--

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3/20, 1951</i> to <i>3/23, 1951</i> , that I last saw the deceased alive on <i>3/23, 1951</i> , and that death occurred at <i>12:30 A.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Edwin M. Hubbard</i>		23B. ADDRESS <i>University Hosp.</i>		23C. DATE SIGNED <i>3/23/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>Mar. 24, 1951</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Parkwood</i>	24D. LOCATION (City, town, or county) (State) <i>Parkville Md</i>		
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 24 1951</i>		REGISTRAR'S SIGNATURE <i>William Howard Home</i>		25. FUNERAL DIRECTOR <i>William Howard Home</i> ADDRESS <i>2006 Orleans St</i>	

0000

12

STANDARD INFORMATION

0000

12

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **51 2700**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MABEL

McDONALD

2. DATE
OF
DEATH

March 19, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

University Hospital

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 16, 1906

9. AGE (In years
last birthday)

44

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Frank B. McDonald

14. MOTHER'S MAIDEN NAME

Mary Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mr. Charles H. Fletcher, 636 S. Para St

ADDRESS

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

Stanley K. Quenocher

M.D.

23B. CHIEF MEDICAL EXAMINER ☐

ASSISTANT MEDICAL EXAMINER ☒

23C. DATE SIGNED

March 20, 1951

MEDICAL INVESTIGATOR

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Mar 25 1951

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 24 1951

REGISTRAR'S SIGNATURE

Wm. H. Williams

25. FUNERAL DIRECTOR

Mrs. Kate R. Williams

ADDRESS

322 N. Schroeder St

V S 151

937 ✓

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0073 14



PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

D-120
51 2701
BIRTH NO. 49-15932

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2701

1. NAME OF DECEASED (Type or Print) <i>Davis, Edward</i>			2. DATE OF DEATH <i>3/21/51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>18-02</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Univ. Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
D. STREET ADDRESS (If rural, give location) <i>1217 W. Fayette St.</i>			Yrs. Mos. Days		
5. LENGTH OF STAY IN BALTIMORE			5. SEX <i>m</i>		
6. COLOR OR RACE <i>col.</i>			7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>5</i>		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10B. KIND OF BUSINESS OR INDUSTRY		
13. FATHER'S NAME <i>Albert Davis</i>			11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md.</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>Essie Graham Davis, 1217 W. Fayette St.</i>			12. CITIZEN OF WHAT COUNTRY? <i>✓</i>		

18. <i>571.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Dehydration</i> DUE TO ANTECEDENT CAUSES (B) <i>D. pneumonia</i> DUE TO (C) <i>malnutrition</i>		INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <i>hyperpyrexia.</i>		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3/1</i> , 19 <i>51</i> , to <i>3/21</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>3/21</i> , 19 <i>51</i> , and that death occurred at <i>10:45</i> a. m., from the causes and on the date stated above.					
23A. SIGNATURE <i>J. E. Fuman</i>		23B. ADDRESS <i>Univ. Hospital</i>		23C. DATE SIGNED <i>3/21</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3-24-1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>W. T. Auburn Cem. Balto</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 24 1951</i>		REGISTRAR'S SIGNATURE <i>W. T. Williams</i>		25. FUNERAL DIRECTOR <i>Mrs. Kate R. Williams</i>	
				ADDRESS <i>322 N Schroeder St</i>	

[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side.]

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PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information must be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

30. Golley

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2703
Registered No.

51 2703

1. NAME OF DECEASED
(Type or Print)

Emma Schmidt

2. DATE
OF
DEATH

Mar. 22. 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

6500 Old Harford Road

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

6500 Old Harford Road

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Feb. 20, 1868

9. AGE (In years last birthday)

83

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

George Kimpel

14. MOTHER'S MAIDEN NAME

Agnes Lenzer

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Theresa Guttensen, 6500 Old

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

QUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

QUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3/8/51, 1951, to 3/22, 1951, that I last saw the deceased alive on 3/22, 1951, and that death occurred at 5:00 m., from the causes and on the date stated above.

23A. SIGNATURE

Robert Golley

M. O.

23B. ADDRESS

5103 Parkwood Rd

23C. DATE SIGNED

3/23/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/26/51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 24 1951

REGISTRAR'S SIGNATURE

William Williams, M.D.

25. FUNERAL DIRECTOR

Leonard J. Rack, 5305 Harford Road

ADDRESS

Dr. Golley

Apr 21
Apr 22

Apr 23

Apr 24

Apr 25

Apr 26

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

536
51 2704

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2704

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Emoma Line Painter

2. DATE
OF
DEATH

3/24/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION

1924 East Pratt St.

C. CITY OR TOWN

(If outside corporate limits, write FULL name and give township)

D. STREET ADDRESS (If rural, give location)

1924 East Pratt St.

c. Length of stay in Baltimore

19 yrs

5. SEX

F.

6. COLOR OR RACE

W.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Dec. 23, 1860

9. AGE (In years
last birthday)

89

If Under 1 Year
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR
INDUSTRY

None

11. BIRTHPLACE (State or foreign country)

Pillsburg, Pa.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Solomon Hess

14. MOTHER'S MAIDEN NAME

Anna Dutrey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

None

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Mrs. Mary Lindsay - 1924 E. Pratt St.

18. *4221*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

General Arterio Sclerosis

19 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(B)

Chronic Myocarditis

19 yrs

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *1931*, 19 *to March 24*, 19 *51* that I last saw the
deceased alive on *March 23* 19 *51* and that death occurred at *8:30* A. M., from the causes and on the date stated above.

23A. SIGNATURE

Melton L. Solomon

M. D.

23B. ADDRESS

129 S. Broadway

23C. DATE SIGNED

3/24/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/26/51

24C. NAME OF CEMETERY OR CREMATORY

Barnes Cemetery

24D. LOCATION (City, town, or county)

Pillsburg, Penna.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 24 1951

REGISTRAR'S SIGNATURE

William H. Williams

25. FUNERAL DIRECTOR

Wm. J. Tickner & Sons

ADDRESS

937 Balto 17, Md.

DEPT. OF HEALTH

100

100

100

416
51 2705

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2705

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Margarett Albro

2. DATE
OF
DEATH

MAY 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 806 Madison Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Md.

B. COUNTY before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

none

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 11-03

D. STREET ADDRESS (If rural, give location)

806 Madison Avenue

C. Length of stay in Baltimore

40 yrs.

5. SEX

Female

6. COLOR OR RACE

colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

Yrs.
Mos.
Days

8. DATE OF BIRTH

Sept. 26, 1894

9. AGE (In years, last birthday)

56

10. Under 1 Year

6 Months 25 Days

11. Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

Private Family

11. BIRTHPLACE (State or foreign country)

Wilmington, N. C.

12. CITIZEN OF COUNTRY

U.S.A.

13. FATHER'S NAME

Joseph Albro

14. MOTHER'S MAIDEN NAME

Sarah Jacob

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Elizabeth Albro, 806 Madison Ave.

18. 334X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) apoplexy

3 Weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C) arterio-sclerosis

paroxysm

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-28-50, 19, to 3-20-51, 19, that I last saw the deceased alive on 3-20, 1951, and that death occurred at 9 P. M., from the causes and on the date stated above.

23A. SIGNATURE

F. M. Cardozo

23B. ADDRESS

1524 D. Hill Ave.

23C. DATE SIGNED

3-23-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Mar. 24, 1951

24C. NAME OF CEMETERY OR CREMATORY

Arbutus Mem. Park

24D. LOCATION (City, town, or county) (State)

Baltimore Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 24 1951

REGISTRAR'S SIGNATURE

Wm. H. H. H. H. H.

25. FUNERAL DIRECTOR

Charles R. Law

ADDRESS

802 Madison Ave

Project Alpha

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PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered 51 2706

51 2706

1. NAME OF DECEASED (Type or Print) Frank M. Fewster		2. DATE OF DEATH March 23, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) University Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 18-03	
D. STREET ADDRESS (If rural, give location) 831 Hollins St.		E. Length of stay in Baltimore Yrs. Mos. Days	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 21, 1889
9. AGE (In years last birthday) 61		10. MONTHS: Days Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Boiler Maker		10B. KIND OF BUSINESS OR INDUSTRY Mfgs.	
11. BIRTHPLACE (State or foreign country) -		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Christopher Fewster		14. MOTHER'S MAIDEN NAME Margaret Quick	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) - no -		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Anna M. Fewster		ADDRESS 831 Hollins St	
18. 420.01 CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Heart Disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) (m.)	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an AUTOPSY thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> accident <input type="checkbox"/> suicide <input type="checkbox"/> homicide <input type="checkbox"/> undetermined <input type="checkbox"/> .			
23A. SIGNATURE J. H. Isher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED March 23, 1951			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/27/51	
24C. NAME OF CEMETERY OR CREMATORY Balto.		24D. LOCATION (City, town, or county) Balto., Md.	
24E. DATE RECEIVED BY MAR 24 1951		24F. REGISTRAR'S SIGNATURE	
24G. FUNERAL DIRECTOR		24H. ADDRESS	

1000

1000

1000

1000

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 2707**

**520
51 2707**
BIRTH NO.

1. NAME OF DECEASED (Type or Print) JANIE KING		2. DATE OF DEATH March 20, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 111 Amity Street N.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. STREET ADDRESS (If rural, give location) 111 Amity Street N.		E. LENGTH OF STAY IN BALTIMORE 20 yrs	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH June 11th 1905 45
9. AGE (In years last birthday) 45		10. UNDER 1 Year Months: Days	11. UNDER 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) N.C.		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Mr Edward McComie		14. MOTHER'S MAIDEN NAME Miss Rachel McNeal	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. INFORMANT Miss Lacy McComie		ADDRESS	
18. CAUSE OF DEATH 757.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Congenital polycystic disease of kidney and liver with terminal uremia ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE William V. ...		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED March 21, 1951			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Mar 25th/51	
24C. NAME OF CEMETERY OR CREMATORY McNeal Cemetery		24D. LOCATION (City, town, or county) (State) Manchester N.C.	
DATE RECEIVED BY LOCAL REGISTRY MAR 24 1951		REGISTRAR'S SIGNATURE Chas. D. Wilson	
25. FIELD DIRECTOR Chas. D. Wilson		ADDRESS 1000 Brantley	

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

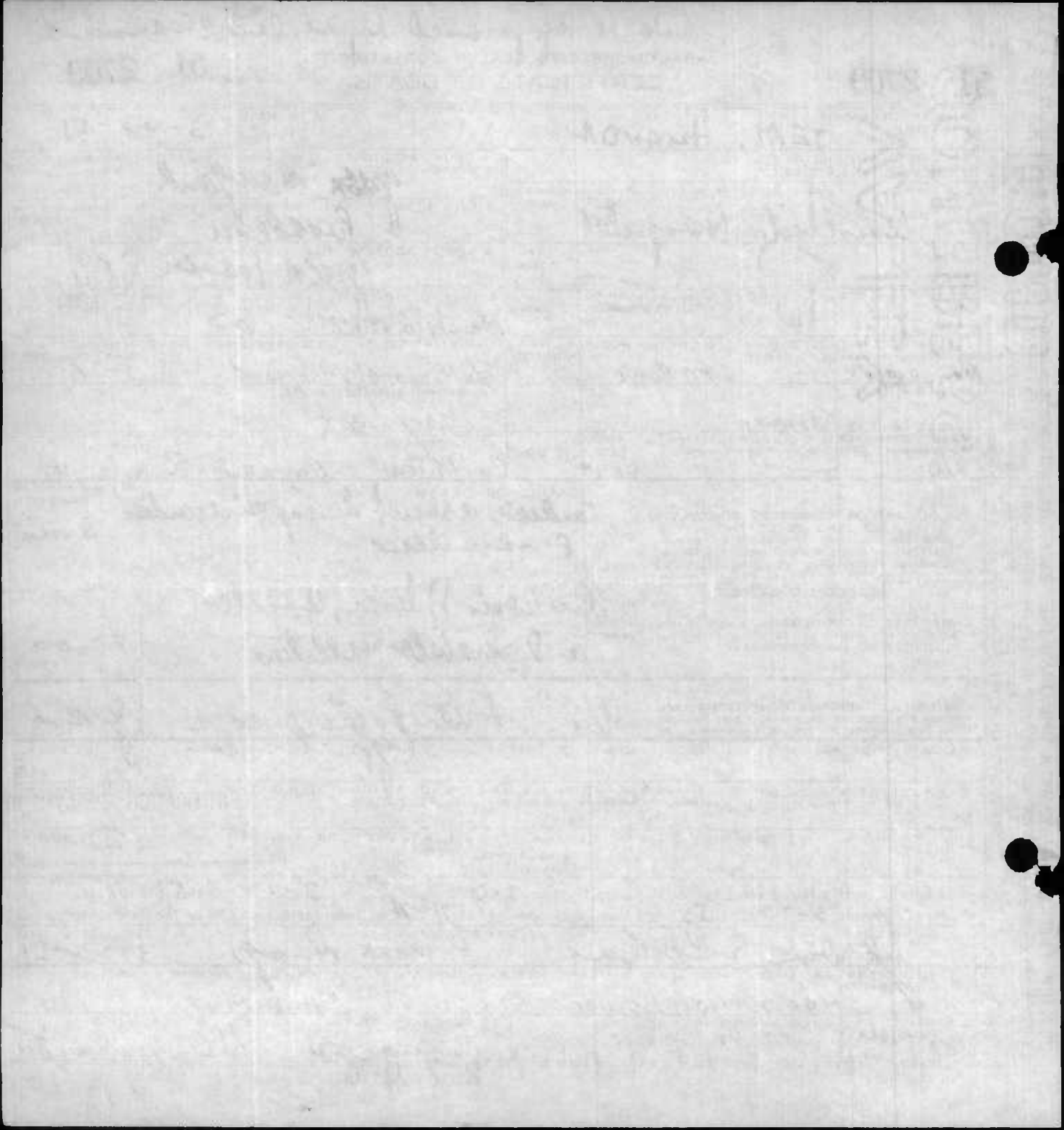
W-265		WASSERMAN		BALTIMORE CITY HEALTH DEPARTMENT		X		51 2708	
BIRTH NO. 2708		CERTIFICATE OF DEATH		Registered No.		51 2708			
1. NAME OF DECEASED (Type or Print) <i>Rose Wasserman</i>				2. DATE OF DEATH <i>3/22/51</i>					
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Maryland</i> B. COUNTY <i>Anne Arundel</i>					
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Luthern Hospital</i>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Glen Burnie</i>					
c. Length of stay in Baltimore <i>3 days</i>				D. STREET ADDRESS (If rural, give location) <i>427 Crain Highway S.E.</i>					
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>		8. DATE OF BIRTH <i>March 3, 1874</i>		9. AGE (In years last birthday) <i>77</i>		10. Under 1 Year Months: Days: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House work</i>				10B. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i>		11. BIRTHPLACE (State or foreign country) <i>Germany</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>(Unknown) Ruppert</i>				14. MOTHER'S MAIDEN NAME <i>Unknown</i>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>				16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT ADDRESS <i>Margaret Wasserman, Glen Burnie, Md.</i>			
18. <i>592X I</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Chronic Nephritis</i>				CAUSE OF DEATH				INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>(B)</i>									
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.									
19A. DATE OF OPERATION <i>3/20</i>				19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)					
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <i>3/20</i> , 19 <i>51</i> , to <i>3/22</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>3/22</i> , 19 <i>51</i> , and that death occurred at <i>9:15</i> A. M., from the causes and on the date stated above.									
23A. SIGNATURE <i>Jerome Gaher</i>				23B. ADDRESS <i>Luthern Hosp.</i>		23C. DATE SIGNED <i>3/22/51</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>Mch. 26, 1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Glen Haven</i>		24D. LOCATION (City, town, or county) (State) <i>Glen Burnie, Md.</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 24 1951</i>		REGISTRAR'S SIGNATURE <i>for Williams, H.</i>		25. FUNERAL DIRECTOR <i>R. V. Singleton</i>		ADDRESS <i>Glen Burnie, Md.</i>			

VS 150

13113

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

400 51 2709		To be approved by Medical Examiner BALTIMORE CITY HEALTH DEPARTMENT TEAL		X Registered No. 51 2709	
BIRTH NO.				2. DATE OF DEATH 3-22-51	
1. NAME OF DECEASED (Type or Print) TEAL, ANANDA					
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Green Maryland B. COUNTY AA County			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Levinity Hospital</u>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Pasadena PASADENA</u>			
C. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <u>5700 Green Haven R.F.D.</u>			
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. SINGLE <u>MARRIED</u> WIDOWED <u>DIVORCED</u> (Specify)	8. DATE OF BIRTH <u>March 10, 1888</u>	9. AGE (In years last birthday) <u>65</u>	10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10B. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John Bruner</u>		14. MOTHER'S MAIDEN NAME <u>Mary Leak</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT ADDRESS <u>Cecil A. Teal Greenhaven, Pasadena, Md.</u>	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) 581.0 I CAUSE OF DEATH <u>Cardiac arrest during pleurocentesis</u> (A) <u>paracentesis</u> (paracentesis) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <u>Chronic N. liver, Ascites and diabetes mellitus</u> (B) <u>Chronic N. liver, Ascites</u> (C) <u>and diabetes mellitus</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u> <u>paracentesis</u> <u>8 min</u>					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. II <u>Gen'l Arteriosclerosis & Hypertension</u>				<u>year</u>	
19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION <u>hypertension</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-6 1951 to 3-22 1951, that I last saw the deceased alive on 3-22 1951, and that death occurred at 11:00 A.M., from the causes and on the date stated above.				CERTIFICATION APPROVED BY <u>R. B. Fisher</u> M., CHIEF OF DIST. MEDICAL EXAMINER.	
23A. SIGNATURE <u>Jerome S. Cohen</u> M. O.		23B. ADDRESS <u>Ami Hoap</u>		23C. DATE SIGNED <u>3-22-51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24B. DATE <u>MAR. 26, 1951</u>		24C. NAME OF CEMETERY OR CREMATORY <u>LODGE PARK</u>	
24D. LOCATION (City, town, or county) (State) <u>BALTIMORE, MD</u>		24E. DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 24 1951</u>		24F. REGISTRAR'S SIGNATURE <u>W. S. Singletary</u>	
24G. FUNERAL DIRECTOR <u>W. S. Singletary</u>		24H. ADDRESS <u>Glen Burnie, Md.</u>			



PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **51 2710**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph Ebert

2. DATE
OF
DEATH

3-23-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION 1901 Sherwood Avenue

5. SEX
Male

6. COLOR OR RACE
White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY City

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
1901 Sherwood Avenue

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

8. DATE OF BIRTH

June 29th. 1875

9. AGE (In years last birthday)

75

10. Under 1 Year
Months: Days: Hours: Min.

8 24

11. Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Watchman

10B. KIND OF BUSINESS OR INDUSTRY
Balto: City

13. FATHER'S NAME

Andrew Ebert

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
No None

16. SOCIAL SECURITY NO.
None

17. INFORMANT

ADDRESS

Mrs. Theresa Ebert- 1901 Sherwood Avenue

18. 4/22/51

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Choric myocarditis - a
DUE TO myocardial degeneration

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

Several years

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1942, to 1/2, 1951, that I last saw the deceased alive on Jan 2, 1951, and that death occurred at 9 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE
3-27-51

24C. NAME OF CEMETERY OR CREMATORY
Sacred Heart Cemetery

24D. LOCATION (City, town, or county) (State)
Baltimore Co: Md.

DATE RECEIVED BY LOCAL REGISTRAR
MAR 24 1951

REGISTRAR'S SIGNATURE
W. J. Williams, M.D.

25. FUNERAL DIRECTOR
George J. Roth, Inc. 1735 Harford Avenue

VS 150

93D

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-525
51 2711

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2711
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mrs. Willetta A. Mongan

2. DATE
OF
DEATH

3-23-57

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

872 Washington Boulevard

C. CITY OR TOWN (If outside corporate limits, write full name and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

872 Washington Boulevard

c. Length of stay in Baltimore

1 year

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

April 25, 1869

9. AGE (In years last birthday)

81

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At Home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

West Virginia

12. CITIZEN OF WHAT COUNTRY?

U S A

13. FATHER'S NAME

Robert Allport

14. MOTHER'S MAIDEN NAME

Mary ---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Clarence R. Davis 872 Washington Blvd.

18. 332X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Thrombosis

DUE TO

3 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cerebral Atherosclerosis

DUE TO

2 years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-9, 1950, to 3-23, 1951, that I last saw the deceased alive on 3-22, 1951, and that death occurred at 9 A. m., from the causes and on the date stated above.

23A. SIGNATURE

John P. Unbeck, Jr.

M. D.

23B. ADDRESS

1227 Waverly Blvd

23C. DATE SIGNED

3-23-57

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

March 26, 1951

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county) (State)

Martinsburg, West Virginia

DATE RECEIVED BY LOCAL REGISTRAR

MAR 24 1951

REGISTRAR'S SIGNATURE

Wilmington Williams

25. FUNERAL DIRECTOR

ADDRESS

Burgee Funeral Home

3631 Falls Road

Harold Burgee Jr. 83B

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2712
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MARYANNA BIELAT

2. DATE
OF

DEATH March 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2204 Bank Street

B. FULL NAME OF (If not in hospital or institution, give street address or location)

2204 Bank Street

C. Length of stay in Baltimore

63 yrs

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

November 6, 1871

9. AGE (In years last birthday)

79

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Household

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

John Krzyzowski

14. MOTHER'S MAIDEN NAME

Katherine -----

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Thomas Bielat, 2204 Bank Street

18. 450.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

TERMINAL BRONCHO-PNEUMONIA

3 DAYS

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

GENERALIZED ARTERIO-SCLEROSIS

2?

(C) DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

PROLAPSE OF UTERUS

2 WEEKS

19A. DATE OF OPERATION

NONE

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 31, 1950, to March 21, 1951, that I last saw the deceased alive on Mar 21, 1951, and that death occurred at 7:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Joseph F. Obenga

23B. ADDRESS

2098 Eastern St

23C. DATE SIGNED

3/23/51

24A. BURIAL CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/26/51

24C. NAME OF CEMETERY OR CREMATORY

St. Stanislaus

24D. LOCATION (City, town, or county)

Baltimore,

Maryland

DATE RECEIVED BY LOCAL REGISTRAR

MAR 24 1951

REGISTRAR'S SIGNATURE

William Williams

25. FUNERAL DIRECTOR

ADDRESS

M. F. Sadowski 2308 Eastern Avenue

Charles D. Sadowski 97

13 13

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PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

500
AD-119664

51 2713

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2713
Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Charles H. Moonie	
2. DATE OF DEATH 3-23-51	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
5. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.	
6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
7. STREET ADDRESS (If rural, give location) 4940 Eastern Ave. Baltimore City Hospitals-	
8. DATE OF BIRTH Jan. 5- 1865?	
9. AGE (In years last birthday) 86?	
10. CITIZEN OF WHAT COUNTRY?	
11. BIRTHPLACE (State or foreign country) Maryland	
12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Charles H. Moonie	
14. MOTHER'S MAIDEN NAME Mary ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.	
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Ave.	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) I 151 X Carcinoma of stomach DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19. DATE OF OPERATION 3-24-51	
19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	
21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-12- , 1948 , to 3-23- , 1951 , that I last saw the deceased alive on 3-23- , 1951 , and that death occurred at 12.55 PM. , from the causes and on the date stated above.	
23a. SIGNATURE P. B. Rogers M. D.	
23b. ADDRESS 4940 Eastern Ave. Baltimore, Md.	
23c. DATE SIGNED 3-24-1951	
24a. BURIAL, CREMATION, REMOVAL (Specify)	
24b. DATE 3/24-51	
24c. NAME OF CEMETERY OR CREMATORY St Thomas	
24d. LOCATION (City, town, or county) (State) Garrison Md	
DATE RECEIVED BY LOCAL REGISTRAR MAR 24 1951	
REGISTRAR'S SIGNATURE William H. ...	
25. FUNERAL DIRECTOR Frank H. Newell	
ADDRESS 46 B Pikesville Md	

DATE 17

DATE 17

WILLIAM

COOPER

1840

1840

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1840

1840

51 2714

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2714

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGIA HARRISON

2. DATE
OF
DEATH

Mar. 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR INSTITUTIONMethodist Home for the Aged
2211 W. Rogers Ave.C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

27-15

D. STREET ADDRESS (If rural, give location)

2211 W. Rogers Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Jan. 17, 1865

9. AGE (In years
last birthday)

86

10 Under 1 Year

Months

Days

11 Under 24 Hours

Hours

Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Sewell

14. MOTHER'S MAIDEN NAME

Annie L. Sewell

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

np

16. SOCIAL
SECURITY NO.

none

17. INFORMANT

ADDRESS

Mrs. Mamie Fisher, 2211 W. Rogers Ave.

18. 4221

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) myocardial infarction
DUE TO

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) arteriosclerosis
DUE TO

30 yrs

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from March 1, 1951, to March 23, 1951, that I last saw the
deceased alive on March 20, 1951, and that death occurred at 3:04 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Arthur J. Davies, M. D.

23B. ADDRESS

800 W. 33rd St.

23C. DATE SIGNED

3-24-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/26/51

24C. NAME OF CEMETERY OR CREMATORY

Kingsley Church Yard

24D. LOCATION (City, town, or county) (State)

Kent Island, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

J. J. Tinkner & Sons, Balto

MAR 25 1951
VS 150

937 Md

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

DATE 12

1953 12

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51 2716

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2716
Registered No.

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

JAMES T. WALKER

2. DATE

OF

DEATH March 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1909 N. Bentalon Street

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Oct. 1908

9. AGE (in years

last birthday)

42

H Under 1 Year

Months Days

H Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Labor

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Va.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Andrew Walker

14. MOTHER'S MAIDEN NAME

Rachel Scarbr.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 470.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

arteriosclerotic Heart

DUE TO

Disease

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ WORKNOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R S Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

March 24, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

3/25/51

24C. NAME OF CEMETERY OR CREMATORY

Arlington

24D. LOCATION (City, town, or county)

Arlington, Va.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

97099

93D ✓

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

STANDARD TIME

STANDARD TIME

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

320
51 2717FILES - WILKIS
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2717

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)*Sr. Mary Fides*2. DATE
OF
DEATH*Mar 23, 1951*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION*Mercy Hospital*

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

*W.*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*single*

8. DATE OF BIRTH

*Feb 26 1892*9. AGE (In years
last birthday)*59*H Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Religious*10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

*Boston, Mass*12. CITIZEN OF
WHAT COUNTRY?*U.S.*

13. FATHER'S NAME

George Willis

14. MOTHER'S MAIDEN NAME

*Margaret Crowley*15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*NO*16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

SR. STAN. KOSKA 901 N. ALGEM

18.

504.1 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

*Generalized Toxemia*INTERVAL BETWEEN
ONSET AND DEATH
3-4 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

*Intestinal Obstruction**5-7 days*

(C)

*Splenomegaly - Myeloid Leukemia**4 yrs*

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

None

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *Mar 18, 1951* to *Mar 23, 1951*, that I last saw the
deceased alive on *Mar 23, 1951*, and that death occurred at *2:55* Am., from the causes and on the date stated above.

23A. SIGNATURE

Frank T. Kank

M. O.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

*Mar 23, 1951*24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*BURIAL*

24B. DATE

3-26-51

24C. NAME OF CEMETERY OR CREMATORY

VILLA MARA CEMETERY NOTCH CLIFF, MD.

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams

25. FUNERAL DIRECTOR

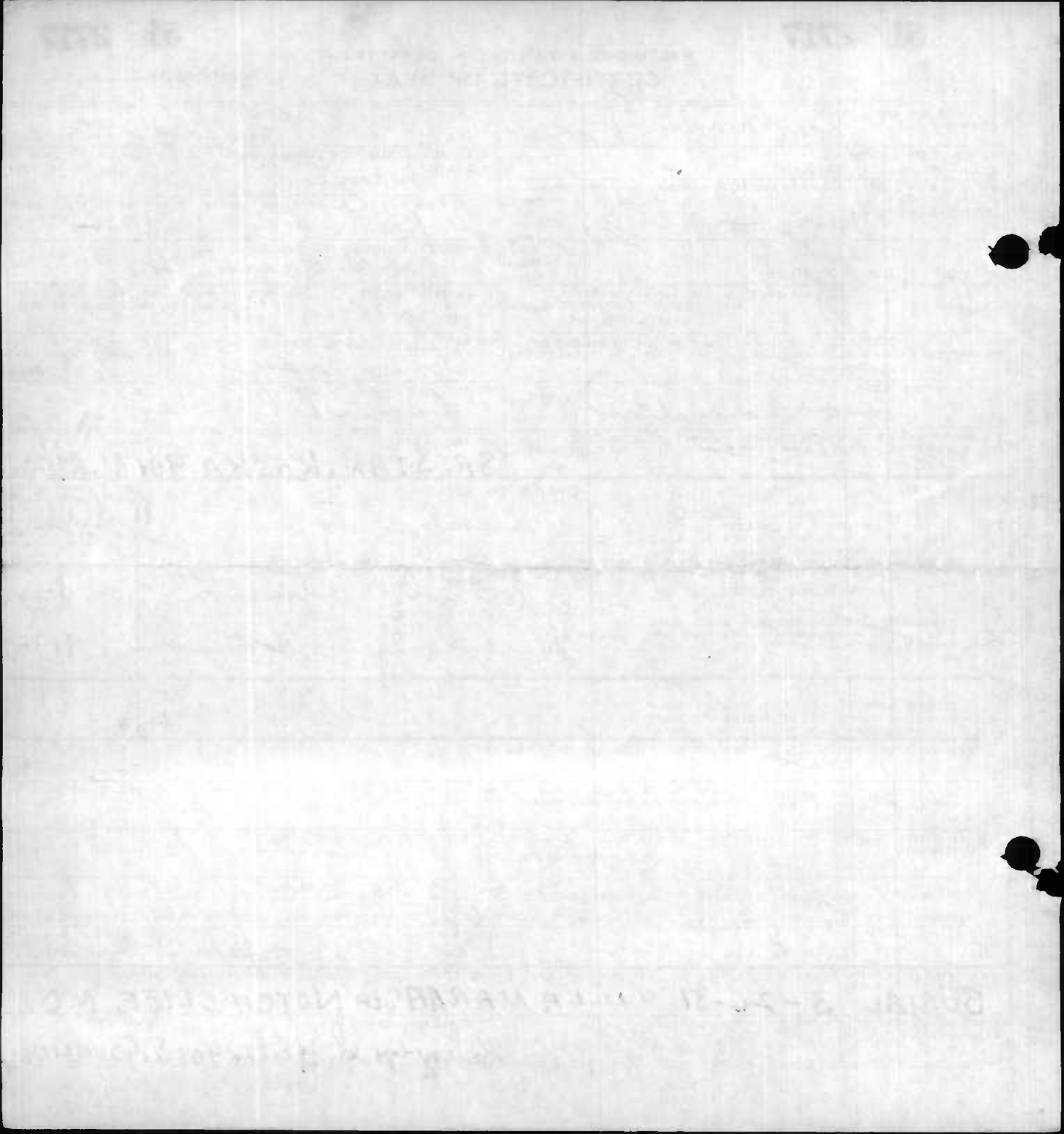
Charles J. Seiler 901 S. CONNINGS

ADDRESS

VS 150

0788W

74a



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information must be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

520

51 2718

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2718

ND-145367

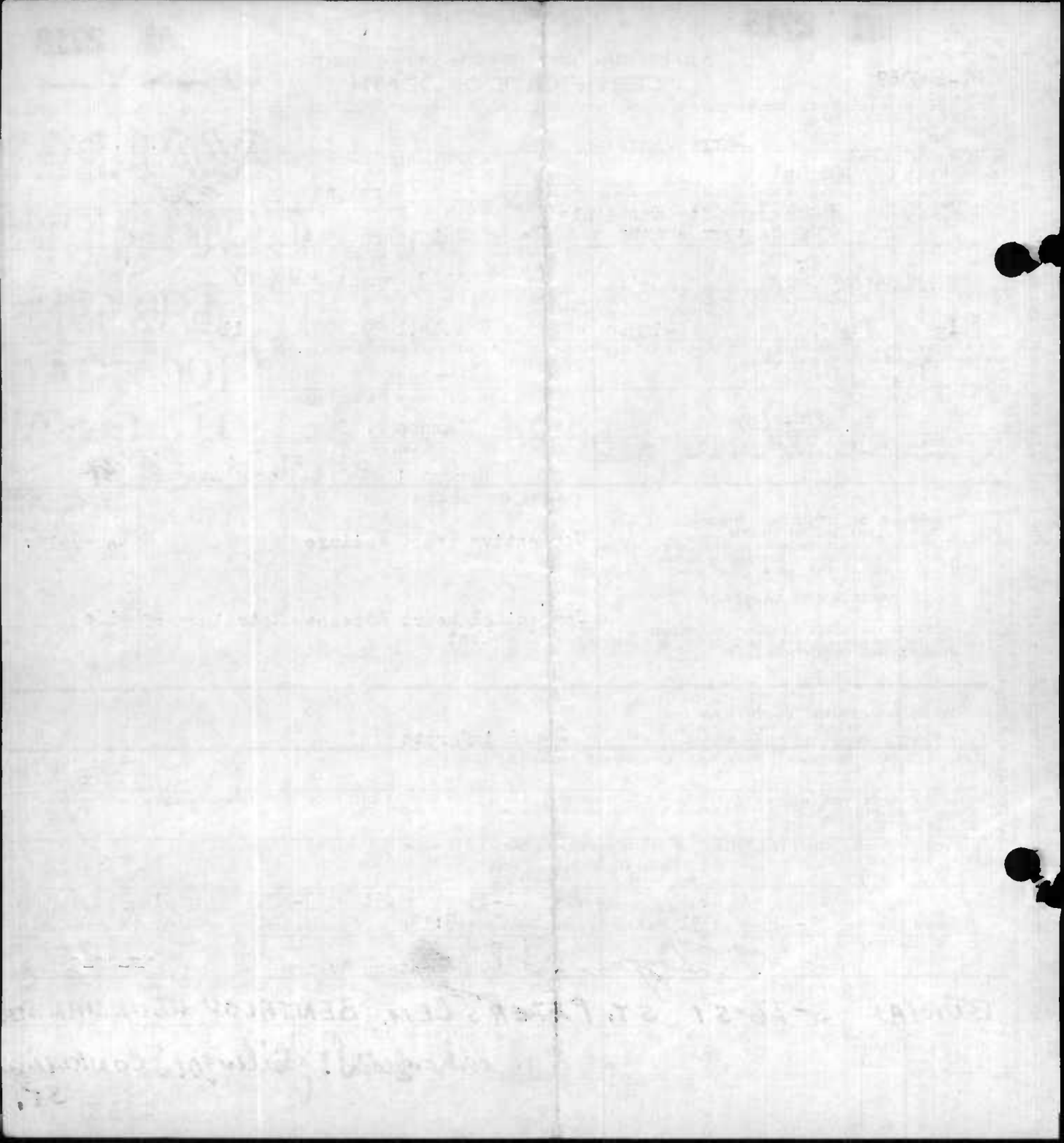
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Larry Sams			2. DATE OF DEATH Mar. 22, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Avenue			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 26-36		
D. STREET ADDRESS (If rural, give location) 1117 Tenant Way (24) TENNANT-WAY			5. SEX Male		
6. LENGTH OF STAY IN BALTIMORE Life			7. COLOR OR RACE White		
8. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single			9. DATE OF BIRTH Dec. 14, 1939		
10. AGE (in years last birthday) 11			11. BIRTHPLACE (State or foreign country) Maryland		
12. CITIZEN OF WHAT COUNTRY?			13. FATHER'S NAME Wm. Sams (D)		
14. MOTHER'S MAIDEN NAME Blanche Feldman			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Avenue		

18. 754.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Congestive Heart Failure DUE TO Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Congenital heart disease Tetralogy of Fallot Renal infarcts		INTERVAL BETWEEN ONSET AND DEATH Several yrs Life
---	--	---

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 1-25 , 19 51 , to 3-22 , 19 51 , that I last saw the deceased alive on 3-22 , 19 51 , and that death occurred at 8:18a m. , from the causes and on the date stated above.					
23A. SIGNATURE R. B. Rogers		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 3-22-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24B. DATE 3-26-51		24C. NAME OF CEMETERY OR CREMATORY ST. PETER'S CEM.	
24D. LOCATION (City, town, or county) (State) BENTLOV & LORMAN STS.		24E. DATE RECEIVED BY LOCAL REGISTRAR MAR 25 1951		24F. REGISTRAR'S SIGNATURE Wm. J. Williams	
24G. FUNERAL DIRECTOR Wm. J. Williams		24H. ADDRESS 157E ST.		24I. SIGNATURE Wm. J. Williams	



PLEASE WRITE READILY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2719		BALTIMORE CITY HEALTH DEPARTMENT		51 2719	
CERTIFICATE OF DEATH				Registered No.	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print)		HARRY E. BE M I S		2. DATE OF DEATH 3/23/51.	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore			
B. FULL NAME OF HOSPITAL OR INSTITUTION CHURCH HOME & HOSPITAL		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE			
c. Length of stay in Baltimore 50 yrs		D. STREET ADDRESS (If rural, give location) 308 Hopkins Road			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 6/27/1858	9. AGE (In years last birthday) 92	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator		10B. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (State or foreign country) Spencer, Mass.	
13. FATHER'S NAME Edwin A. Bennis		14. MOTHER'S MAIDEN NAME Julia Watson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Church Home Hospital	
18. 491X		CAUSE OF DEATH			
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) Brounchopneumonia			
ANTECEDENT CAUSES		(B) 10 days			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(C)			
II		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT.			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/14/51, 1951, to 3/23/51, 1951, that I last saw the deceased alive on 3/23/51, 1951, and that death occurred at 3 P. m., from the causes and on the date stated above.					
23A. SIGNATURE Doreen E. Eshberg		23B. ADDRESS Church Home Hosp.		23C. DATE SIGNED 3/23/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE March 27, 1951		24C. NAME OF CEMETERY OR CREMATORY Pine Grove Cemetery	
24D. LOCATION (City, town, or county) Spencer, Mass.		24E. FUNERAL DIRECTOR J. L. Lawrence 4510 Liberty Highway			
24F. LOCAL REGISTRAR MAR 25 1951		24G. REGISTRAR'S SIGNATURE J. L. Lawrence			

CERTIFICATE OF DEATH

Senior, Mary

Plum Grove Cemetery

March 27, 1905

1905

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PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2721

51 2721

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Emma Armstrong

2. DATE
OF
DEATH

March 23/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland 228 N. Linwood Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE B. COUNTY before admission)

228 N. Linwood Ave. (24)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto. Md.

D. STREET ADDRESS (If rural, give location)

228 N. Linwood Ave.

C. Length of stay in Baltimore

life Yrs. Mos. Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years last birthday) Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

Sept. 23 1874

76

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Adam Griesse

14. MOTHER'S MAIDEN NAME

Louisa Benser

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS 228 N.

Mrs. Lula Codd

Linwood Ave.

18. 170X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Carcinoma left breast with metastatic myocarditis

4 months +

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 15, 1951, to Mar. 23, 1951, that I last saw the deceased alive on Mar. 17, 1951, and that death occurred at 7:30 a.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Francis J. Januszewski

M. D.

540 N. Linwood

3/23/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3/26/51

Moreland

Balto.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FINGERPRINT DIRECTOR

ADDRESS 2024

MAR 25 1951

Washington, D.C.

Philip Herwig-Sons Orleans St

1973 12

1973 12



PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2722

51 2722

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Ella B. Rudisill		March 22/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland 5255 Linden Heights Ave.		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION		5255 Linden Heights Ave. (15)	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		Balto. Md. 27-18	
D. STREET ADDRESS (If rural, give location)		5255 Linden Heights Ave.	
c. Length of stay in Baltimore		Life	
5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH
Female	White	WIDOW	Feb. 21, 1866
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY	
none		none	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
---Holston		Rebecca Bond	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
no		none	
17. INFORMANT		ADDRESS	
Mrs. Margaret Schiebel		5255 Linden Heights	
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH	
420.0		(A) Anterior wall heart disease	
DUE TO		(B) General arteriosclerosis	
DUE TO		(C)	
19. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
0			
20. AUTOPSY?		YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 14, 1951, to March 22, 1951, that I last saw the deceased alive on Mar. 20, 1951, and that death occurred at 6:30 p. m., from the causes and on the date stated above.			
23A. SIGNATURE		23B. ADDRESS	
W. J. Schiebel		701 N. Kenwood Ave.	
23C. DATE SIGNED		3/25/51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE	
Burial		March 26/51	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county)	
Baltimore Cem.		Balto. Md.	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE	
MAR 25 1951		Philip H. Hewigson	
25. FUNERAL DIRECTOR		ADDRESS	
2024 Orleans St.			

8872

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8872

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51 2723

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2723

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JACOB HECKMAN

2. DATE
OF
DEATH

March 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

1711 N. Montford Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

8-02

D. STREET ADDRESS (If rural, give location)

1711 N. Montford Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

Jan. 19, 1867

9. AGE (In years
last birthday)

84

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Baker (rtd)

10B. KIND OF BUSINESS OR
INDUSTRY

Baking

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Catherine East - 1711 N. Montford Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary occlusion

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from Nov. 1950 to March, 1951, that I last saw the
deceased alive on 3/23/51, 19, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Max Baum

23B. ADDRESS

1501 N. Milton Ave

23C. DATE SIGNED

3/24/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/26/51

24C. NAME OF CEMETERY OR CREMATORY

Trinity Evangelical Luth. Cem.

24D. LOCATION (City, town, or county) (State)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 25 1951

REGISTRAR'S SIGNATURE

25 FUNERAL DIRECTOR'S

ADDRESS

VS 150

94a Md

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

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PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-355 51 2724

51 2724

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____			2. DATE OF DEATH <u>3-22-57</u>		
1. NAME OF DECEASED (Type or Print) <u>Myrtle Roe Redmon</u>			7. DATE OF DEATH <u>3-22-57</u>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <u>Maryland</u> B. COUNTY <u>13-06</u>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) INSTITUTION <u>Union Memorial Hospital</u>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Baltimore</u> <u>3306</u>		
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____			O. STREET ADDRESS (If rural, give location) <u>ardleigh nursing home</u> <u>2075 Rockwood Ave</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12-4-1899</u>	9. AGE (in years last birthday) <u>57</u>	H Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>			11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		
10B. KIND OF BUSINESS OR INDUSTRY			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13. FATHER'S NAME <u>John Clifton</u>			14. MOTHER'S MAIDEN NAME <u>Greenhawk</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT <u>Hospital Record</u>			ADDRESS		

18. <u>331X I</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <u>Cerebral Hemorrhage (Rt middle cerebral)</u> CAUSE OF DEATH (A) _____ DUE TO (B) _____ DUE TO (C) _____	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION <u>0</u>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED m. _____ WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>3-21-57</u> , to <u>3-22-57</u> , that I last saw the deceased alive on <u>3-22-57</u> , and that death occurred at <u>2:30 p.m.</u> , from the causes and on the date stated above.					
23A. SIGNATURE <u>Alvin Bongelaar</u>		23B. ADDRESS <u>Union Memorial Hosp.</u>		23C. DATE SIGNED <u>3-23-57</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE <u>3/26-57</u>	24C. NAME OF CEMETERY OR CREMATORY <u>Mount Carmel</u>	24D. LOCATION (City, town, or county) (State) <u>Baltimore Md</u>		
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 25 1957</u>	REGISTRAR'S SIGNATURE <u>Frank H. Seitz</u>	25. FUNERAL DIRECTOR <u>Frank H. Seitz</u> <u>814 436th St.</u>			

52 7581

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

100 51-2725

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2725
Registered No.

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

Adolph Duve

2. DATE

OF

DEATH March 24, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

South Baltimore General Hospital

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

25-05

D. STREET ADDRESS (If rural, give location)

4027 Pennington Avenue

E. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

M.

8. DATE OF BIRTH

7-8-1879

9. AGE (In years last birthday)

71

10. Under 1 Year

Months Days

11. Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Switchman

10B. KIND OF BUSINESS OR INDUSTRY

B.O.R.R.

11. BIRTHPLACE (State or foreign country)

EUROPE

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Chunian

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Family - Same

18. E 800 X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Crushing of head and body

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

coal pier

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

B & O r.r. coal pier, Curtis Bay

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

March 24, 1951 8.30a. m.

21E. INJURY OCCURRED

WHILE AT WORK ☒

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

train unexpectedly backed up and ran over him

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R S Fisher

23B. CHIEF MEDICAL EXAMINER ☒

ASSISTANT MEDICAL EXAMINER ☐

23C. DATE SIGNED

March 24, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

B.

24B. DATE

3-26-51

24C. NAME OF CEMETERY OR CREMATORY

Cedar Hill

24D. LOCATION (City, town, or county)

Baltimore

DATE RECEIVED BY LOCAL REGISTRAR

MAR 25 1951

REGISTRAR'S SIGNATURE

William H. Fisher

25. FUNERAL DIRECTOR

James J. Fisher

ADDRESS

VS 151

N-804.2

6F1 50

130 S. Fort Ave

169

✓

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2575 12

CERTIFICATE OF DEATH

1. Name of deceased		2. Sex		3. Age		4. Date of death		5. Place of death	
6. Cause of death		7. Manner of death		8. Signature of physician		9. Signature of registrar		10. Signature of informant	
11. Name of informant		12. Address of informant		13. Date of registration		14. Place of registration		15. Signature of registrar	
16. Name of registrar		17. Address of registrar		18. Date of registration		19. Place of registration		20. Signature of registrar	
21. Name of informant		22. Address of informant		23. Date of registration		24. Place of registration		25. Signature of registrar	
26. Name of registrar		27. Address of registrar		28. Date of registration		29. Place of registration		30. Signature of registrar	
31. Name of informant		32. Address of informant		33. Date of registration		34. Place of registration		35. Signature of registrar	
36. Name of registrar		37. Address of registrar		38. Date of registration		39. Place of registration		40. Signature of registrar	
41. Name of informant		42. Address of informant		43. Date of registration		44. Place of registration		45. Signature of registrar	
46. Name of registrar		47. Address of registrar		48. Date of registration		49. Place of registration		50. Signature of registrar	
51. Name of informant		52. Address of informant		53. Date of registration		54. Place of registration		55. Signature of registrar	
56. Name of registrar		57. Address of registrar		58. Date of registration		59. Place of registration		60. Signature of registrar	
61. Name of informant		62. Address of informant		63. Date of registration		64. Place of registration		65. Signature of registrar	
66. Name of registrar		67. Address of registrar		68. Date of registration		69. Place of registration		70. Signature of registrar	
71. Name of informant		72. Address of informant		73. Date of registration		74. Place of registration		75. Signature of registrar	
76. Name of registrar		77. Address of registrar		78. Date of registration		79. Place of registration		80. Signature of registrar	
81. Name of informant		82. Address of informant		83. Date of registration		84. Place of registration		85. Signature of registrar	
86. Name of registrar		87. Address of registrar		88. Date of registration		89. Place of registration		90. Signature of registrar	
91. Name of informant		92. Address of informant		93. Date of registration		94. Place of registration		95. Signature of registrar	
96. Name of registrar		97. Address of registrar		98. Date of registration		99. Place of registration		100. Signature of registrar	

51 2726

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2726

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

NATHAN FRIEDMAN

2. DATE
OF
DEATH

March 25, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

New York

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Mt. Vernon

D. STREET ADDRESS (If rural, give location)

11 Wales Place

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

3509 Powhatan Avenue, Baltimore, Md.

Yrs.
Mos.
Days

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

(83) 1867

9. AGE (In years
last birthday)

83

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Norma ?

17. INFORMANT

ADDRESS

Mrs. Sophie Rankin 3509 Powhatan Ave.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Carpenter

13. FATHER'S NAME

Mordeica Friedman

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.18. 420.1
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

(A) DUE TO

Coronary Thrombosis,
MassiveDied
in
Sleep.

ANTECEDENT CAUSES

(B) DUE TO

Arteriosclerosis
Cardio-Vascular Disease - sys.

(C)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 21, 1948, to March 25, 1951, that I last saw the
deceased alive on March 24, 1951, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Lucas M. Miller M.D.

23B. ADDRESS

1613 E Baltimore St

23C. DATE SIGNED

March 25, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

3/25/51

24C. NAME OF CEMETERY OR CREMATORY

Montifiore Cemetery

24D. LOCATION (City, town, or county)

New York

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 26 1951

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

ADDRESS

Sol Levinson 1203-1124 W. North Ave.

VS 150

93D

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

3075 12

3075 12

[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side. Some words like "very" and "the" are faintly visible.]

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2727
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ellsworth H. Edelen

2. DATE
OF
DEATH

March 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE Maryland

B. COUNTY before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR
INSTITUTION 2233 Linden Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2217 Etting St.

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

July 6, 1878

9. AGE (In years

last birthday) 72

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF

WHAT COUNTRY? USA

10A. USUAL OCCUPATION (Give kind of

work done during most of working life, even if retired)

Janitor

10B. KIND OF BUSINESS OR

INDUSTRY

Pvt. family

13. FATHER'S NAME

Luke Edelen

14. MOTHER'S MAIDEN NAME

Unknown Margaret Heath

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT
Eugene Edelen 5221 Denmore Ave.

ADDRESS

18. 4221

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

R. Fisher

23B. CHIEF MEDICAL EXAMINER.....☒

23C. DATE SIGNED

ASSISTANT MEDICAL EXAMINER.....☐

MEDICAL INVESTIGATOR.....☐

March 23, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3/26/1951

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

MAR 26 1951

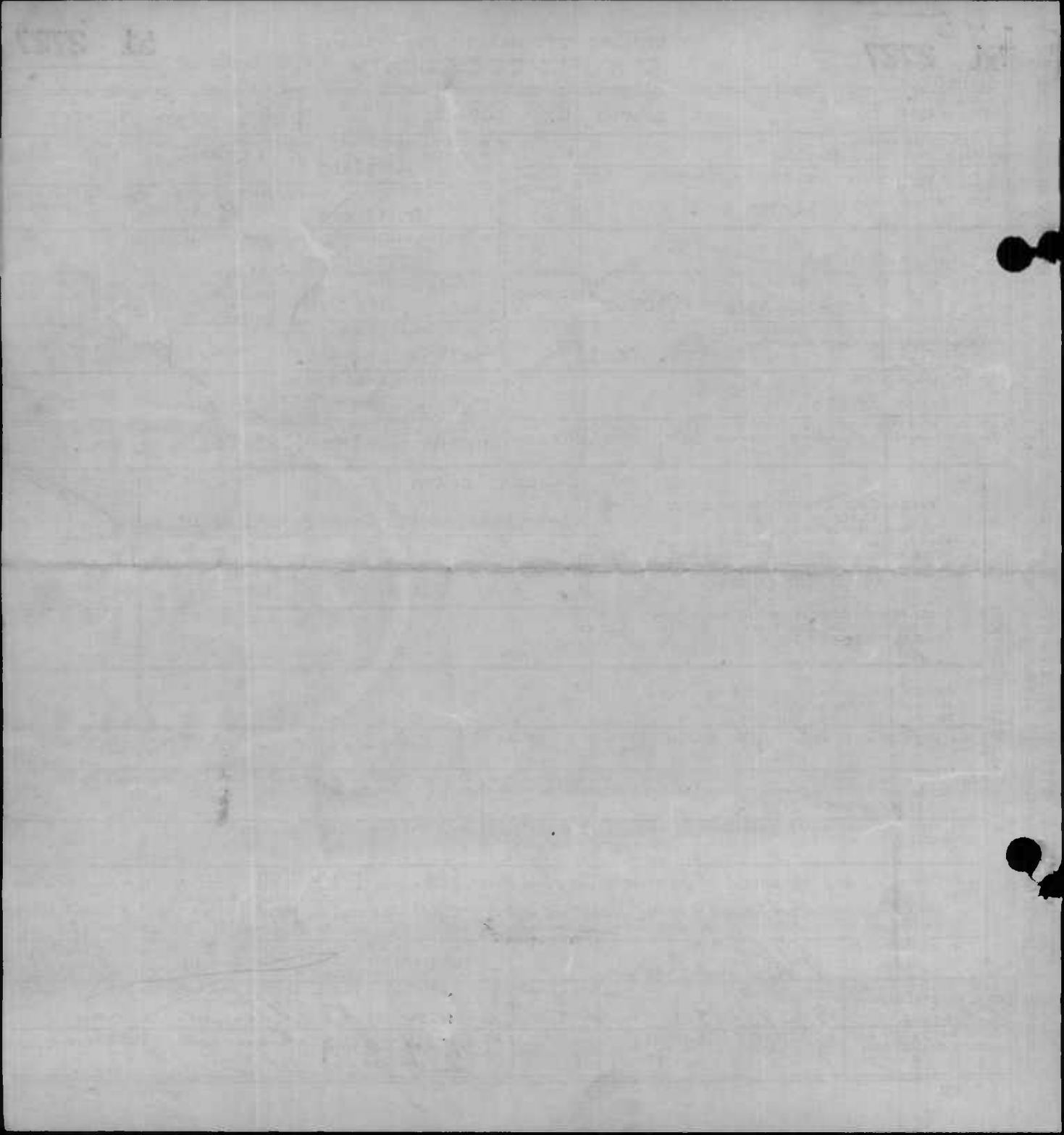
25. FUNERAL DIRECTOR

Funeral Home
2651 David Hill Ave.

VS 151

7708A

93D



PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3-525
51 2728

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2728
Registered No. 3698

BIRTH NO. 51-01779

1. NAME OF DECEASED
(Type or Print)

William R. Bankins

2. DATE
OF
DEATH

March 24, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution? residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

1015 N. Fulton ave

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday) If Under 1 Year If Under 24 Hours
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

James C. Bankins, 1015 N. Fulton ave

18. 7544 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Broncho pneumonia

7 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Myocarditis + malnutrition

from birth

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 2-18-1951, to 3-24-1951, that I last saw the deceased alive on 3-23-1951, and that death occurred at 7:30 A.M., from the causes and on the date stated above.

23. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

James C. Bankins

M. D.

1029 N. Stricker St

3-26-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 26 1951

Washington, D.C.

George H. Nelson 5303 Presnam St

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T-250
51 2729

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2729

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Robert S. Tyson

2. DATE
OF
DEATH

3/23/1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNIVERSITY HOSPITAL

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Physician

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Jacob Bear Tyson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

July 6, 1877

9. AGE (In years last birthday)

73

If Under 1 Year Months Days If Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Amelia Mann

17. INFORMANT

ADDRESS

Mrs. Marceline K. Tyson Frederick, Md.

18. 491X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) broncho pneumonia with pleurisy
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

arteriosclerotic hr. disease, benign prostatic hypertrophy

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22 I hereby certify that I attended the deceased from 4/28 1951, to March 23, 1951, that I last saw the deceased alive on 3/23, 1951, and that death occurred at 4:15 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Charles T. Henderson

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

3/23/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

3-26-1951

Mt. Olivet

Frederick,

Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

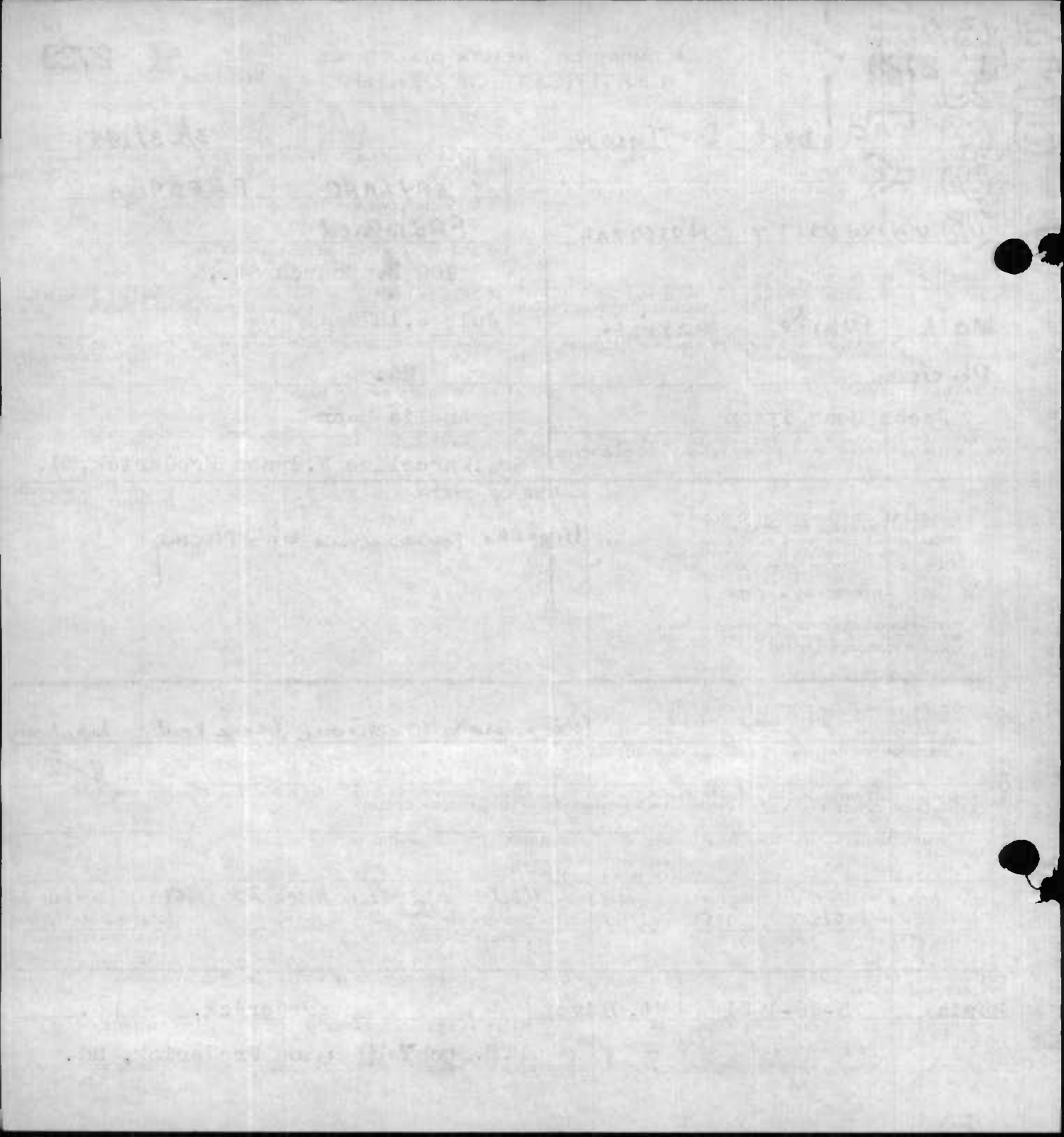
25. FUNERAL DIRECTOR

ADDRESS

MAR 26 1951

Washington, D. C.

M. R. Echison & Son Frederick, Md.



PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2-565

51 2730

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2730
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Harry C. Zimmerman</i>		2. DATE OF DEATH <i>3-24-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>1000 Caton Ave.</i>		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>Md.</i> B. COUNTY <i>Frederick</i>			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Penkin's Memorial Hospital</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Frederick, Md.</i>			
C. Length of stay in Baltimore <i>50</i> Yrs. <i>0</i> Mos. <i>0</i> Days <i>0</i>		D. STREET ADDRESS (If rural, give location) <i>60-11</i>			
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>	8. DATE OF BIRTH <i>4-30-1900</i>	9. AGE (In years last birthday) <i>50</i>	10. Under 1 Year Months Days 11. Under 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY <i>?</i>		11. BIRTHPLACE (State or foreign country) <i>Frederick Co., Md.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>Albert Zimmerman</i>		14. MOTHER'S MAIDEN NAME <i>Mary C. Wapp</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Isabel J. Solomon</i>	
18. <i>345X</i>		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		(A) <i>MULTIPLE SCLEROSIS</i> DUE TO			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>CONGESTIVE HEART FAILURE</i> DUE TO <i>E PNEUMONIA</i>			
(C)					
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3/1</i> , 1951, to <i>3/24</i> , 1951, that I last saw the deceased alive on <i>3/23</i> , 1951, and that death occurred at <i>10:4</i> a. m., from the causes and on the date stated above.					
23A. SIGNATURE <i>John V. Shaw</i>		23B. ADDRESS <i>M. D. St. Anne Hosp</i>		23C. DATE SIGNED <i>3/24/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3-28-1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Frederick Mem. Park</i>	
24D. LOCATION (City, town, or county) (State) <i>Frederick, Md.</i>		25. FUNERAL DIRECTOR <i>M. R. Etchison & Son</i>		ADDRESS <i>Frederick, Md.</i>	

0830

51

CERTIFICATE OF DEATH

0830



PLEASE WRITE IN FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2731
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Martha T. Fisher

2. DATE OF DEATH
March 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

2907 Windsor Ave.,

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2907 Windsor Ave.,

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

Dec. 26, 1874

9. AGE (In years last birthday)

76

11 Under 1 Year

Months: Days

11 Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House-wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Fletcher Talbert

14. MOTHER'S MAIDEN NAME

Matilda Darby

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.
none

17. INFORMANT ADDRESS
Mr. George L. Fisher 2907 Windsor Ave.

18.

202.1
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Symphoria with Generalized Neofistulas

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C) DUE TO

INTERVAL BETWEEN ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Sept 1950

19B. MAJOR FINDINGS OF OPERATION

Generalized Condromatosis

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 1950 to Mar 23, 1951, that I last saw the deceased alive Mar 23, 1951, and that death occurred at 11:30 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Martha T. Fisher

23B. ADDRESS

3083 W. North Ave.

23C. DATE SIGNED

3-24-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-26-1951

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Park

24D. LOCATION (City, town, or county) (State)

Woodlawn,

Md.

DATE RECEIVED BY LOCAL REGISTRAR

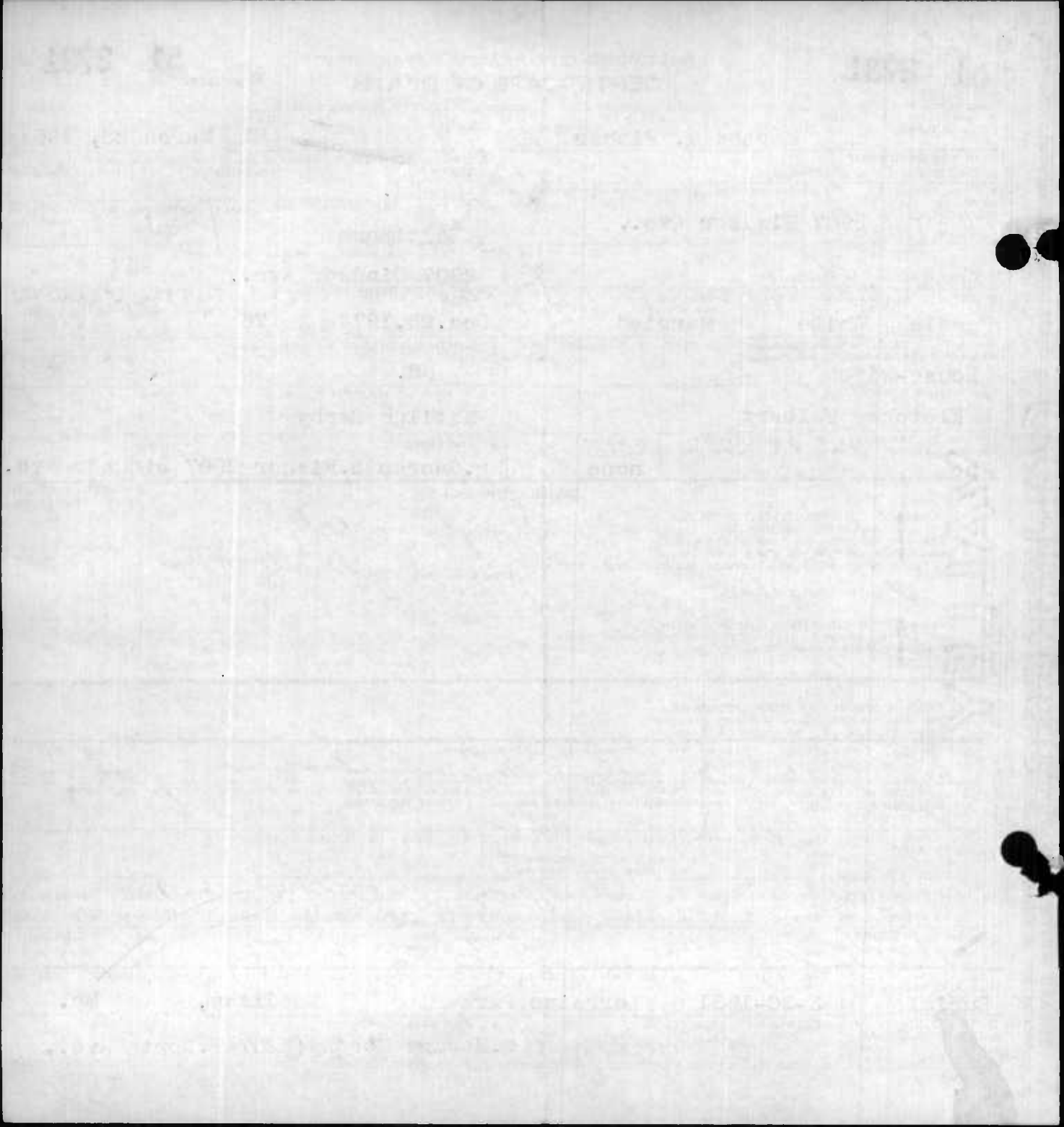
REGISTRAR'S SIGNATURE

G. Howard Strong

25. FUNERAL DIRECTOR

ADDRESS

G. Howard Strong 3207 W. North Ave.,



PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-260

JL 146990

51 2732

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2732

Registered No.

1. NAME OF DECEASED (Type or Print) Mary Kuciara			2. DATE OF DEATH 3-23-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore 44 yrs.			D. STREET ADDRESS (If rural, give location) 1608 Portugal Street		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June ??	9. AGE (In years last birthday) 63	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Work			11. BIRTHPLACE (State or foreign country) Poland		
10B. KIND OF BUSINESS OR INDUSTRY At Home			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME ?			14. MOTHER'S MAIDEN NAME ?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT B. C. H. Records, 4940 Eastern Ave.			ADDRESS		

MEDICAL CERTIFICATION

18. 4 yr 1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Arteriosclerotic Vascular Disease DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) ... DUE TO (C) ...		INTERVAL BETWEEN ONSET AND DEATH Years
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from 3-22-51 , 19 51 , to March 23 , 19 51 that I last saw the deceased alive on March 23 , 19 51 and that death occurred at 1AM m., from the causes and on the date stated above.				
23A. SIGNATURE C. S. Rogers		23B. ADDRESS 4940 Eastern Ave.		23C. DATE SIGNED 3-23-51

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE March 27/51	24C. NAME OF CEMETERY OR CREMATORY Holy Rosary	24D. LOCATION (City, town, or county) (State) Baltimore
DATE RECEIVED BY LOCAL REGISTRAR MAR 26 1951	REGISTRAR'S SIGNATURE William J. Williams	FUNERAL DIRECTOR 1930 Eastern Ave	

VS 150

1930 Eastern Ave 93D

SECRET

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CONFIDENTIAL

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SECRET

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **51 2733**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HELENA HUHN

2. DATE
OF
DEATH

March 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 2724 E. Madison St.

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE B. COUNTY

Md.

B. FULL NAME OF HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
2724 E. Madison St.

c. Length of stay in Baltimore

45 years

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

July 6, 1872

9. AGE (In years last birthday)

78

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

Germany

13. FATHER'S NAME

Carl Carius

14. MOTHER'S MAIDEN NAME

Pauline Metz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Ernest Huhn, husband, above

18.

154X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Hypostatic Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

3/19/51

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B)

Coronary Artery

Jan 1. 49

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 1, 1949, to 3/23, 1951, that I last saw the deceased alive on March 23, 1951, and that death occurred at 2:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

William J. Sawyer

M. D.

801 W. Keenwood St.

3/24/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

March 26, 1951

24C. NAME OF CEMETERY OR CREMATORY

Schwartz Cemetery

24D. LOCATION (City, town, or county) (State)

6115 O'Donnell St. Baltimore

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Schmuck Funeral Home, Inc.
2601-3-5 E. Madison St.

871020

551 220
2734

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2734
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RICKI SYKES

2. DATE
OF
DEATH

3-23-51

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

South Baltimore General Hosp.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

W

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

HOME

13. FATHER'S NAME

CHARLES REINHARDT

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

JULY 3, 1883

9. AGE (In years last birthday)

67

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD.

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

MARY SCHRAMM

17. INFORMANT

ADDRESS

MRS CATHERINE L. ASKEW 3707 3RD ST

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, assthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral Hemorrhage

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerotic Heart Disease

(C) DUE TO

Terminal Uræmia

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 20, 1951, to March 23, 1951, that I last saw the deceased alive on March 23, 1951, and that death occurred at 3:20 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Martin C. Macgregor M. D.

23B. ADDRESS

1213 Light St. Balto.

23C. DATE SIGNED

3-23-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

3/27/51

24C. NAME OF CEMETERY OR CREMATORY

LOUDON PARK

24D. LOCATION (City, town, or county)

FREDERICK RD.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

ADDRESS

JOHN F. DENNY, INC 715 LIGHT ST -30

MAR 26 1951

TO THE DIRECTOR, BUREAU OF LAND MANAGEMENT, WASHINGTON, D. C.

FROM THE CHIEF, [illegible]

SUBJECT: [illegible]

DATE: [illegible]

RE: [illegible]

1. [illegible]

2. [illegible]

3. [illegible]

4. [illegible]

5. [illegible]

6. [illegible]

7. [illegible]

8. [illegible]

9. [illegible]

10. [illegible]

11. [illegible]

12. [illegible]

13. [illegible]

14. [illegible]

15. [illegible]

16. [illegible]

17. [illegible]

18. [illegible]

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

D# 324
51 2735

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2735
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Margaret

2. DATE
OF
DEATH

3/23/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Md

B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution)

Windsor Nursing Home
3025 Windsor Ave

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto 22-01

7. STREET ADDRESS (If rural, give location)

128 W. Lee St.

8. Length of stay in Baltimore

Yrs.
Mos.
Days

9. SEX

Female

10. COLOR OR RACE

White

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

12. DATE OF BIRTH

3/28/1885

13. AGE (In years last birthday)

65

14. Under 1 Year

Months: Days

15. Under 24 Hours

Hours: Min.

16. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)

Housewife

17. KIND OF BUSINESS OR INDUSTRY

At Home

18. BIRTHPLACE (State or foreign country)

Balto. Md.

19. CITIZEN OF WHAT COUNTRY?

20. FATHER'S NAME

Harry Fisher

21. MOTHER'S MAIDEN NAME

Catherine Kahl

22. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

23. SOCIAL SECURITY NO.

24. INFORMANT ADDRESS
Emma Diamond 707 S. Potomac St.

25. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary occlusion

5 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Coronary arteriosclerosis

10 yrs.

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Hypertension, arterial

20 yrs.

26. DATE OF OPERATION

27. MAJOR FINDINGS OF OPERATION

28. AUTOPSY?

YES ☐ NO ☐

29. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

30. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

31. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

32. TIME (Month) (Day) (Year) (Hour) OF INJURY

33. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

34. HOW DID INJURY OCCUR?

35. I hereby certify that I attended the deceased from June 1, 1950, to March 23, 1951, that I last saw the deceased alive on March 23, 1951, and that death occurred at 11:30 pm., from the causes and on the date stated above.

36. SIGNATURE

Abraham B. Hurwitz

37. ADDRESS

3048 W. North Ave.

38. DATE SIGNED

March 24, 1951

39. BURIAL, CREMATION, REMOVAL (Specify)

Burial

40. DATE

3/27/51

41. NAME OF CEMETERY OR CREMATORY

Oak Lawn

42. LOCATION (City, town, or county)

Balto. Md.

43. DATE RECEIVED BY LOCAL REGISTRAR

44. REGISTRAR'S SIGNATURE

Wm. Cook Inc. 1217 St. Paul St

45. FUNERAL DIRECTOR

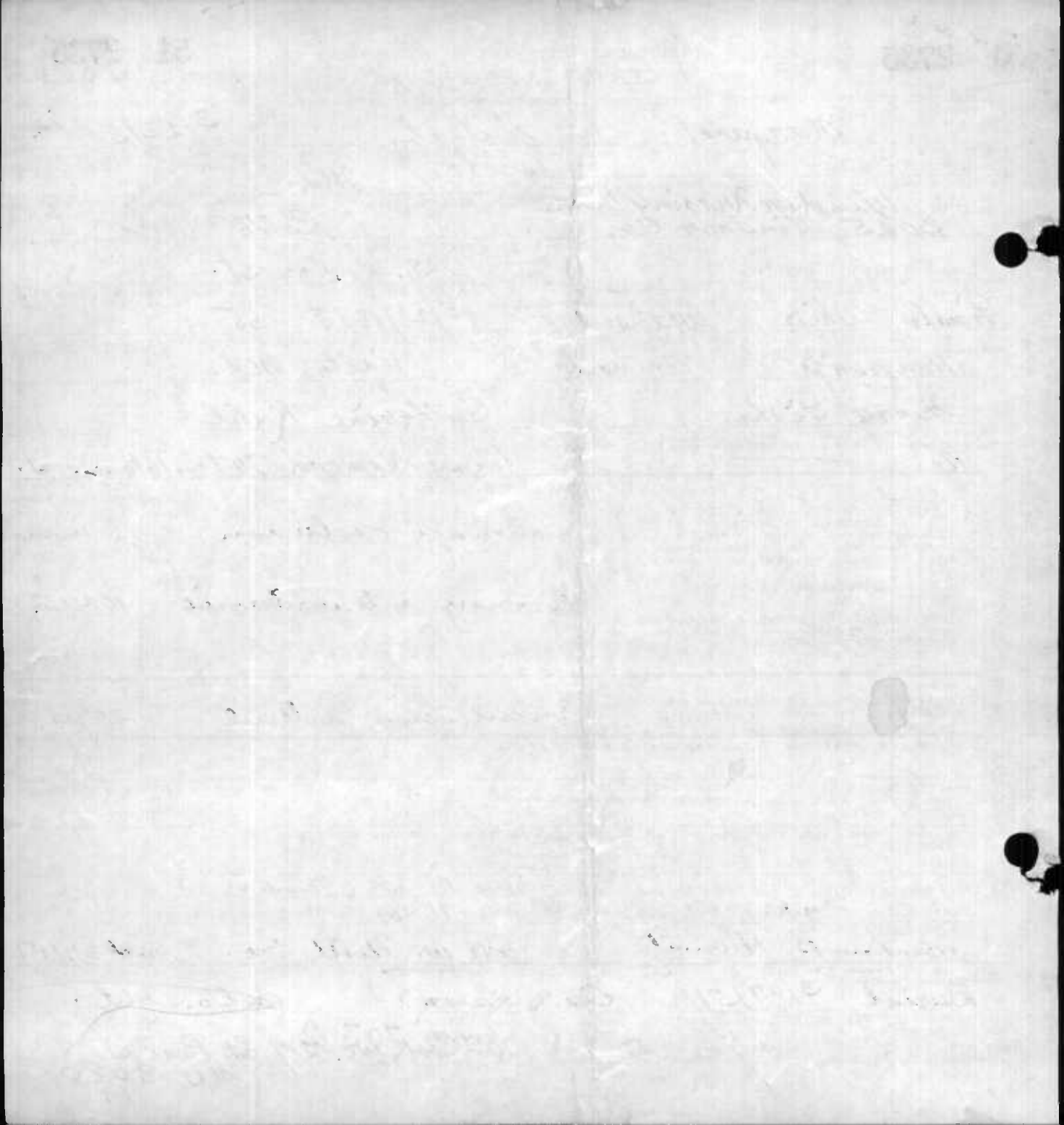
46. ADDRESS

MAR 26 1951

VS 150

MU 8080

94a



PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-600
51 2736

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered 51 2736

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JESSE CARR

2. DATE
OF
DEATH

March 24, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

2305 Sb. Paul St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

740 E. Preston St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

Nov. 11, 1875

9. AGE (In years
last birthday)

75

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Cab Driver, retired

10B. KIND OF BUSINESS OR
INDUSTRY

Yellow Cab Co

11. BIRTHPLACE (State or foreign country)

Baltimore County, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George Carr

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr Edgar J. Carr, 4106 Westview Ave.

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) arteriosclerotic heart disease

2ev yrs.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 1951, to March 24, 1951, that I last saw the
deceased alive on March 23, 1951, and that death occurred at 9:30 A.m., from the causes and on the date stated above.

23A. SIGNATURE

E. Edwards, M.D.

23B. ADDRESS

2431 Maryland Avenue

23C. DATE SIGNED

3-24-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/27/51

24C. NAME OF CEMETERY OR CREMATORY

St. Josephs

24D. LOCATION (City, town, or county)

Texas, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 26 1951

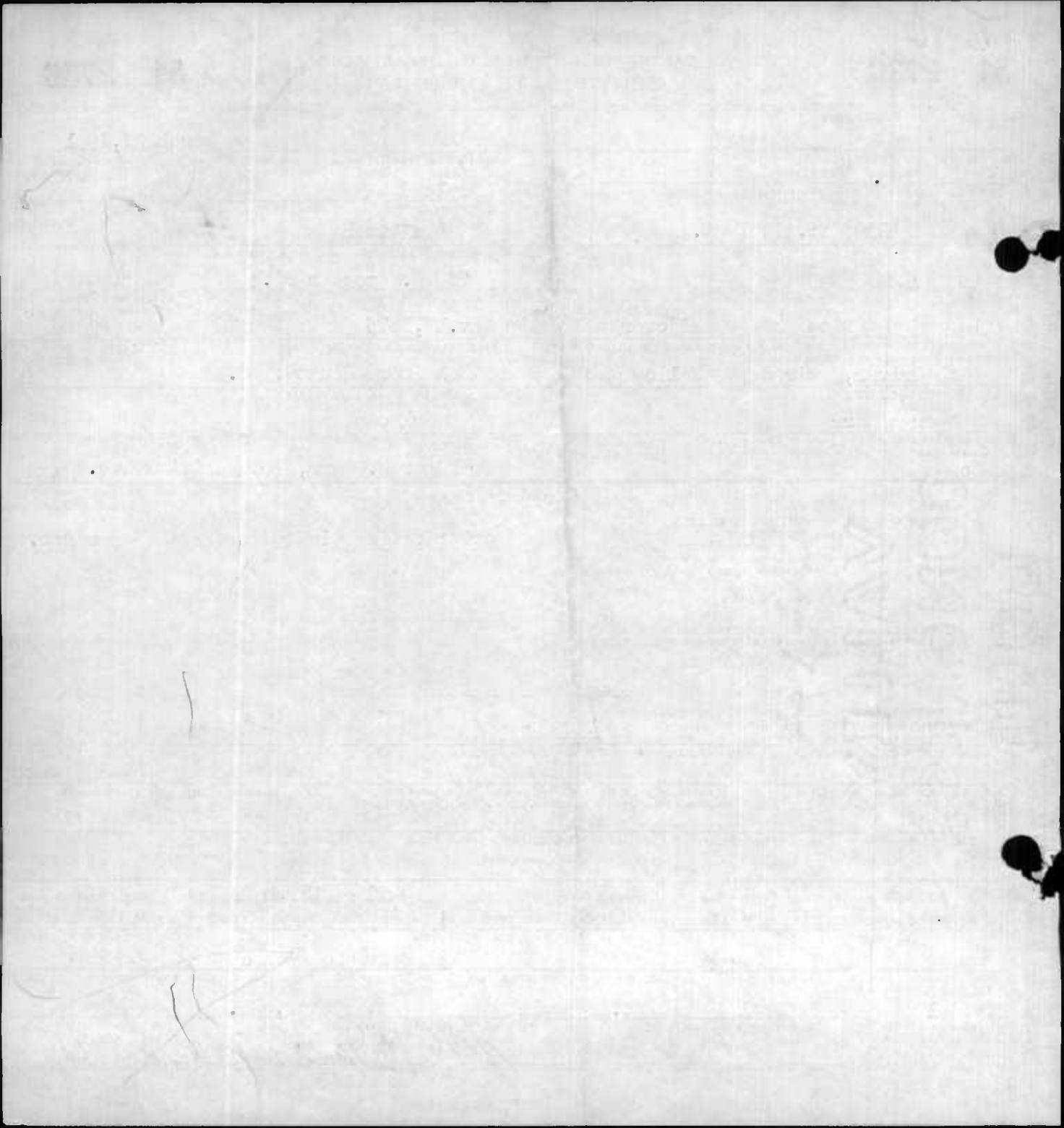
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

93D



PLEASE WRITE IN FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2738

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

JOHN C. COLEMAN

2. DATE

OF

DEATH March 24, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

University Hospital

C. Length of stay in Baltimore

Yrs.

Mos.

Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

722 W. Lexington Street

5. SEX

male

6. COLOR OR RACE

white

7. ~~SINGLE, MARRIED~~

~~WIDOWED, DIVORCED~~ (Specify)

Divorced

8. DATE OF BIRTH

10/31/1912

9. AGE (in years

last birthday)

38 34

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Circus Nephew

10B. KIND OF BUSINESS OR INDUSTRY

Ringling Bros.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF

WHAT COUNTRY?

13. FATHER'S NAME

Charles Coleman

14. MOTHER'S MAIDEN NAME

Margaret Hamphel

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL

SECURITY NO.

17. INFORMANT

Gertrude K. Genold Garrison Blvd

22 30 PRESS

18.

490x

CAUSE OF DEATH

INTERVAL BETWEEN

ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Lobar pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Bacterial endocarditis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐

AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

William V. Smith

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

M.D.

MEDICAL INVESTIGATOR

23C. DATE SIGNED

March 24, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/26/51

24C. NAME OF CEMETERY OR CREMATORY

Western

24D. LOCATION (City, town, or county)

(State)

Balto. Md.

DATE RECEIVED BY

LOCAL REGISTRAR

MAR 26 1951

REGISTRAR'S SIGNATURE

William V. Smith

25. FUNERAL DIRECTOR

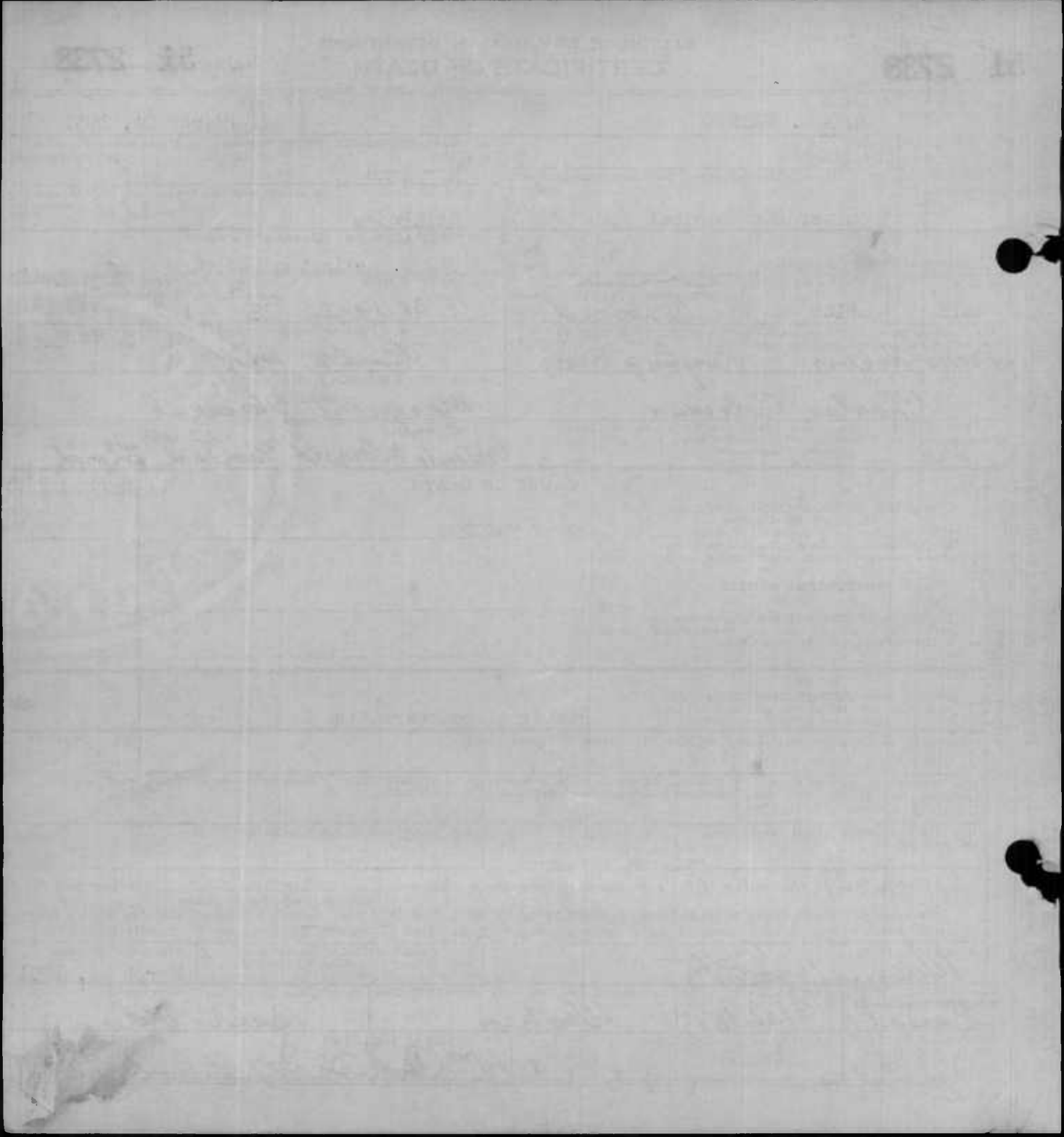
ADDRESS

Wm. Cook Inc. 1217 St. Paul St.

V S 151

970 8M.

108 ✓



PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2737
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDWARD ALBRIGHT

2. DATE
OF
DEATH

March 24, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Franklin Square Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1159 Washington Blvd.

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

4/7/1890

9. AGE (in years
last birthday)

60

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Bookkeeper

10B. KIND OF BUSINESS OR
INDUSTRY

Own

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph P. Albright

14. MOTHER'S MAIDEN NAME

Anna Orndorff

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

217-18-6431

17. INFORMANT

ADDRESS

Marie C. Gaucher 1102 E. Belvedere Ave

18.

600.0 I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Chronic pyelonephritis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Chronic adhesive pericarditis

DUE TO

(C) Confluent bronchopneumonia

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William H. Orndorff

23B. CHIEF MEDICAL EXAMINER ☐

ASSISTANT MEDICAL EXAMINER ☒

23C. DATE SIGNED

March 24, 1951

M.D.

MEDICAL INVESTIGATOR

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/27/51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

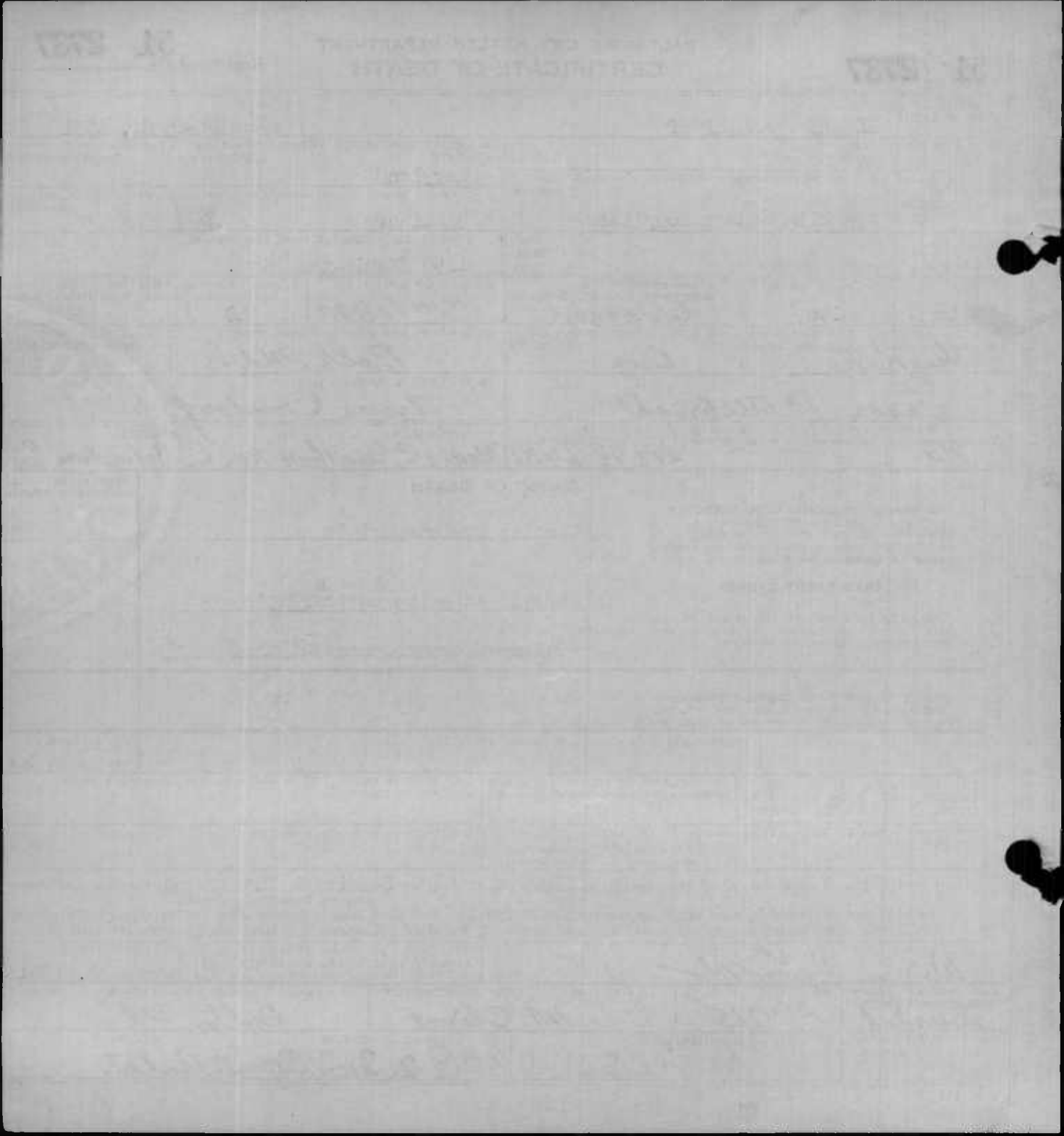
MAR 26 1951

Wm. H. Orndorff 1102 E. Belvedere Ave

V S 151

4306A

133a



0273

12

DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

0273

12

<p>1. Name of deceased</p>		<p>2. Sex</p>		<p>3. Age</p>	
<p>4. Date of death</p>		<p>5. Time of death</p>		<p>6. Place of death</p>	
<p>7. Cause of death</p>		<p>8. Manner of death</p>		<p>9. Signature of physician</p>	
<p>10. Signature of registrar</p>		<p>11. Signature of informant</p>		<p>12. Signature of witness</p>	

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please state the causes of death clearly and fully.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2740
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Schaadt.

2. DATE
OF
DEATH

3-25-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION

Maryland General Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore Chase

C. Length of stay in Baltimore

Life.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

Route #14

53-00

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

June 19, 1886

9. AGE (In years last birthday)

64

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Phillip Schaadt

14. MOTHER'S MAIDEN NAME

Christinia Volz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 463X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) Bilateral thrombo flebitis of lower extremities

6 months

(B) Terminal broncho pneumonia

II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Generalized Arteriosclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-25-1951, to 3-25-1951, that I last saw the deceased alive on 3-25-1951, and that death occurred at 8:15 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Lakshmi Bhatnagar

23B. ADDRESS

Maryland General Hospital

23C. DATE SIGNED

March 25/1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/29/51

24C. NAME OF CEMETERY OR CREMATORY

Zion Lutheran

24D. LOCATION (City, town, or county)

Balto. Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

Lakshmi Bhatnagar

ADDRESS

7401 Bolair Rd.

VS 150

100 10

97

10-24-28

Good Luck

10-24-28

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10-24-28

10-24-28

WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

R-1630
51 2741

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2741

1. NAME OF DECEASED (Type or Print) George L. Ruppert			2. DATE OF DEATH 3/24/51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
c. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 4227 Overton Avenue #6		
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH 7/12/1884	9. AGE (In years last birthday) 66	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) clerk		10B. KIND OF BUSINESS OR INDUSTRY U.S. Government Employee		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Martin Ruppert			14. MOTHER'S MAIDEN NAME Mary Glasser		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. -		17. INFORMANT (sister) Mrs. Mary Dodd	
18. I 155X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Gastro-intestinal hemorrhage DUE TO (B) Carcinoma of Gallbladder with Metastasis to liver DUE TO (C) Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. INTERVAL BETWEEN ONSET AND DEATH			ADDRESS as above		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 2		19B. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/6 19 51 to 3/24 19 51 that I last saw the deceased alive on 3/24 19 51 and that death occurred at 5:10 Am., from the causes and on the date stated above.					
23A. SIGNATURE Marguerite Louisa Candler		23B. ADDRESS Maryland General Hospital		23C. DATE SIGNED 3/24/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/27/51		24C. NAME OF CEMETERY OR CREMATORY Parkwood Cem	
24D. LOCATION (City, town, or county) Balto		24E. STATE MD		25. FUNERAL DIRECTOR Lesahn Funeral Home	
DATE RECEIVED BY LOCAL REGISTRAR MAR 26 1951		REGISTRAR'S SIGNATURE Washington Williams, Jr.		ADDRESS 701 Balto Rd.	

1935 10 10

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1935 10 10

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1935 10 10

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2742

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Hayman Katz

2. DATE
OF
DEATH

3-24-57

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE Maryland B. COUNTY

5. FULL NAME OF (If not in hospital or institution, give street address or location)

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 15-12

6. LENGTH OF STAY IN BALTIMORE

43 YRS.

7. STREET ADDRESS (If rural, give location)

3741 Reisterstown Road

8. SEX

Male

9. COLOR OR RACE

White

10. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

11. DATE OF BIRTH

3-15-1880

12. AGE (In years last birthday)

77

13. If Under 1 Year Months: Days

Hours: Min.

14. USUAL OCCUPATION (Give kind of work done during 100% of working life, even if retired)

Refurbisher

15. KIND OF BUSINESS OR INDUSTRY

Retired

16. BIRTHPLACE (State or foreign country)

Russia

17. CITIZEN OF

USA

18. FATHER'S NAME

Jacob Katz

19. MOTHER'S MAIDEN NAME

Hannah

20. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

21. SOCIAL SECURITY NO.

22. INFORMANT

Mrs. Nettie Katz - 3741 Reisterstown Rd

23. 493X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pneumonia

3 week

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

24. DUE TO

(B) Chronic Myocarditis with Congestive Cardiac Failure

12 years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

25. DATE OF OPERATION

26. MAJOR FINDINGS OF OPERATION

27. AUTOPSY?

YES ☐ NO ☐

28. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

29. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

30. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

31. TIME (Month) (Day) (Year) (Hour) OF INJURY

32. INJURY OCCURRED

33. HOW DID INJURY OCCUR?

34. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

35. I hereby certify that I attended the deceased from 3-3-57 to 3-24-57, that I last saw the deceased alive on 3-24-57 and that death occurred at 10:00 p.m., from the causes and on the date stated above.

36. SIGNATURE

James A. Ford

37. ADDRESS

Union Memorial Hosp. 3-24-57

38. DATE SIGNED

39. BURIAL, CREMATION, REMOVAL (Specify)

Burial

40. DATE

March 26, 1951

41. NAME OF CEMETERY OR CREMATORY

Sharrei Zion Cong Cemetery Baltimore Md

42. LOCATION (City, town, or county)

(State)

43. DATE RECEIVED BY LOCAL REGISTRAR

44. REGISTRAR'S SIGNATURE

Washington, D.C.

45. FUNERAL DIRECTOR

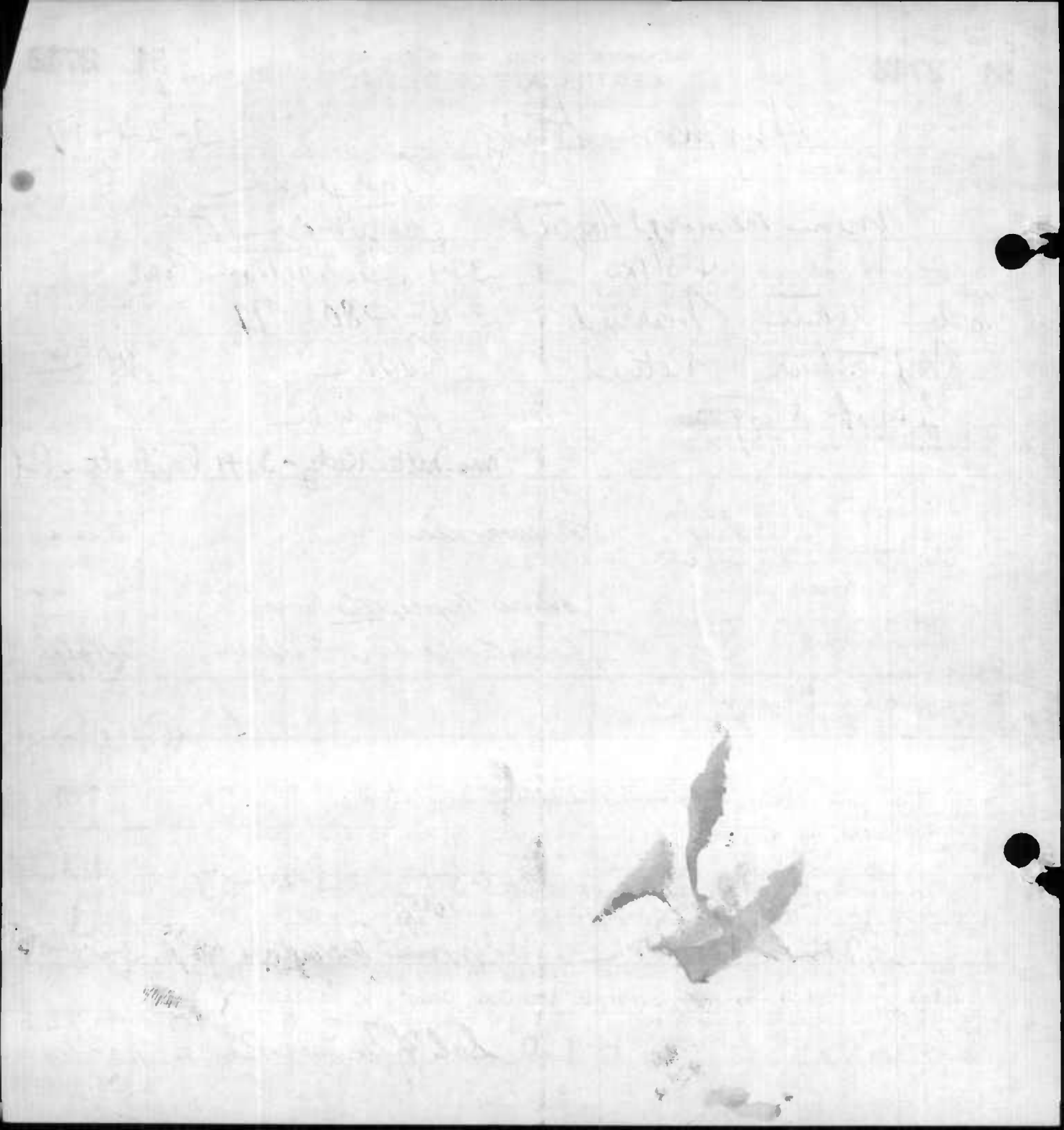
Sol Robinson, 1126 North Ave

46. ADDRESS

MAR 26 1951

29064

937



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-451
51 2743

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2743

Registered No.

BIRTH NO.	
1. NAME OF DECEASED (Type or Print) Abraham Blumberg	
2. DATE OF DEATH March 25, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3826 Park Heights Avenue	
4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 15-12	
D. STREET ADDRESS (If rural, give location) 3826 Park Heights Avenue	
c. Length of stay in Baltimore 63 yrs.	
5. SEX male	6. COLOR OR RACE white
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	
8. DATE OF BIRTH Jan. 1, 1886	
9. AGE (in years last birthday) 65	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman	
10B. KIND OF BUSINESS OR INDUSTRY Match Co.	
11. BIRTHPLACE (State or foreign country) Poland	
12. CITIZEN OF WHAT COUNTRY? USA.	
13. FATHER'S NAME Bernard Blumberg	
14. MOTHER'S MAIDEN NAME Sarah Yarlick	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. 212-10-7084	
17. INFORMANT ADDRESS Rae Blumberg- 3826 Park Heights Avenue	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 260X I Branched Arterio Sclerosis DUE TO Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Diabetes Mellitus DUE TO Secondary Arterio INTERVAL BETWEEN ONSET AND DEATH ? 10.13.50 10.13.50	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	
19A. DATE OF OPERATION 0	
19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	
21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED M. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Oct 13, 1950, to Mar 25, 1951, that I last saw the deceased alive on Mar 25, 1951, and that death occurred at 5:55 A.M., from the causes and on the date stated above.	
23A. SIGNATURE Helen S. Bubert	
23B. ADDRESS M.D. 4803 Park Heights Ave	
23C. DATE SIGNED Mar 25/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24B. DATE 3/26/51	
24C. NAME OF CEMETERY OR CREMATORY Aitz Chaim Cong. Cemetery	
24D. LOCATION (City, town, or county) (State) Baltimore, Maryland	
DATE RECEIVED BY LOCAL REGISTRAR MAR 26 1951	
REGISTRAR'S SIGNATURE William H. Williams	
25. FUNERAL DIRECTOR Sol Pearson & Bros. 1124 W. North Ave	

[Faint, illegible handwritten text, likely bleed-through from the reverse side of the page.]

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

524
51 2744

Edward J. SINCLAIR

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2744

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edward J. Sinclair

2. DATE
OF
DEATH

May 24, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Union Memorial Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland Baltimore

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 27-13

D. STREET ADDRESS (If rural, give location)

708 Wyndhurst ave. Balt.

c. Length of stay in Baltimore

87

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

Mar. 2, 1864

9. AGE (In years
last birthday)

87

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

??

10B. KIND OF BUSINESS OR
INDUSTRY

??

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

James E. Sinclair (D)

14. MOTHER'S MAIDEN NAME

Sarah Jenkins (D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs. C. Lee Crawford
Daughter

ADDRESS

(Same)

18. 491X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) ...
DUE TO

Bronchopneumonia, Bilateral

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ...
DUE TO
(C) ...

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐ NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from Mar. 23, 1951, to March 24, 1951, that I last saw the deceased alive on Mar. 24, 1951, and that death occurred at 12:25 pm, from the causes and on the date stated above.

23A. SIGNATURE

Richard Beach

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

3-24-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3/26/51

24C. NAME OF CEMETERY OR CREMATORY

Lincoln Park

24D. LOCATION (City, town, or county)

Baltimore

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Stevenson

25. FUNERAL DIRECTOR

Stevenson

ADDRESS

1873 12

1873 12

VALLEY

CO. & CO.

A 2 12

Received of the
Hon. Secy. of the Interior

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

51 130
2745

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2745

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Helene C. Swift

2. DATE
OF
DEATH

Mar. 25, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1321 E. Belvedere Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-38

D. STREET ADDRESS (If rural, give location)

1321 E. Belvedere Ave.

c. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married

8. DATE OF BIRTH

Oct. 24, 1894

9. AGE (In years last birthday)

56

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
housewife

10B. KIND OF BUSINESS OR INDUSTRY
at home

11. BIRTHPLACE (State or foreign country)

Illinois

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Henry Metzger

14. MOTHER'S MAIDEN NAME

-- Muffler

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

--

16. SOCIAL SECURITY NO.

--

17. INFORMANT

ADDRESS

Mr. J. P. Swift - 1321 E. Belvedere Ave.

18. 154X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Carcinoma, Rectum

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

6 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Wm. H. Kammer, Jr. M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☒

23C. DATE SIGNED
Mar. 25, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

3/26/51

24C. NAME OF CEMETERY OR CREMATORY

--

24D. LOCATION (City, town, or county)

Ottawa, Illinois

DATE RECEIVED BY LOCAL REGISTRAR

MAR 26 1951

REGISTRAR'S SIGNATURE

Wm. H. Kammer, Jr.

25. FUNERAL DIRECTOR

Wm. H. Kammer, Jr.

ADDRESS

467 W. 4th

V S 151

PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

526
51 2746

WEINGROFF
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2746
Registered No.

1. NAME OF DECEASED (Type or Print) <i>Weingroff Harry</i>			2. DATE OF DEATH <i>25.3.1957</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Baltimore</i>			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD</i> B. COUNTY <i>28-04</i>		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <i>Franklin Square Hospital</i>			C. CITY OR TOWN (If outside corporate limits, write R.R. L. and give township) <i>BALTO</i>		
D. STREET ADDRESS (If rural, give location) <i>512 GLEN ALLEN DR.</i>			E. LENGTH OF STAY IN BALTIMORE <i>55</i> Yrs. Mos. Days		
5. SEX <i>male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>1886</i>	9. AGE (In years last birthday) <i>65</i>	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>RETIRED</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>TAILOR</i>		
11. BIRTHPLACE (State or foreign country) <i>Russia</i>			12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>		
13. FATHER'S NAME <i>Charles</i>			14. MOTHER'S MAIDEN NAME <i>NOT KNOWN</i>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>No</i>			16. SOCIAL SECURITY NO.		
17. INFORMANT <i>VERONE WEINGROFF</i>			ADDRESS <i>-3313 BELLE AVE</i>		

18. <i>420.1</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Myocardial infarction</i>			CAUSE OF DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. <i>Coronary disease</i>			(A) DUE TO		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			(B) DUE TO		
19A. DATE OF OPERATION <i>0</i>			19B. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>3.23</i> 19 <i>57</i> to <i>3.25</i> 19 <i>57</i> , that I last saw the deceased alive on <i>3.25</i> 19 <i>57</i> , and that death occurred at <i>12</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Robert F. Chamberlain</i>		23B. ADDRESS <i>Franklin Sq. - Wash</i>		23C. DATE SIGNED <i>3/25/1957</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24B. DATE <i>3-26-57</i>	24C. NAME OF CEMETERY OR CREMATORY <i>Rosedale</i>	24D. LOCATION (City, town, or county) <i>Balto.</i>	(State) <i>Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 26 1957</i>	REGISTRAR'S SIGNATURE <i>John P. ...</i>	25. FUNERAL DIRECTOR <i>John P. ...</i>	ADDRESS <i>2100 E. ...</i>		

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STATE OF TEXAS
COUNTY OF DALLAS

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PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

L-500
51 2747

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2747

BIRTH NO.			1. NAME OF DECEASED (Type or Print) Mary A. Lynne			2. DATE OF DEATH Mar. 23, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md B. COUNTY X					
B. FULL NAME OF HOSPITAL OR INSTITUTION Mersey Hospital (DOR)			C. CITY OR TOWN (If outside corporate limits, write FULL and give township) Baltimore 10-02					
D. STREET ADDRESS (If rural, give location) 926 Abbott Ct.			E. LENGTH OF STAY IN BALTIMORE 26 Yrs. Mos. Days					
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH 4-23-1881	9. AGE (In years last birthday) 61	10. Under 1 Year Months: 11 Days: 0	11. Under 24 Hours Hours: 0 Min.		
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife			10B. KIND OF BUSINESS OR INDUSTRY Worked at home			11. BIRTHPLACE (State or foreign country) Westminster Md		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William R Lease			14. MOTHER'S MAIDEN NAME Mary H Case					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) no			16. SOCIAL SECURITY NO. no			17. INFORMANT ADDRESS Mrs Mary H. Pirie 2224 E. Oriole St		
18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive Cardio-Vascular Disease			CAUSE OF DEATH (A) Hypertensive Cardio-Vascular Disease DUE TO			INTERVAL BETWEEN ONSET AND DEATH		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C) DUE TO								
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.								
19A. DATE OF OPERATION			19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.			21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY			21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK			21F. HOW DID INJURY OCCUR?		
22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .								
23A. SIGNATURE Wm. H. Kammer, J. M.D.			23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER.....			23C. DATE SIGNED Mar. 24, 1951		
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial			24B. DATE 3-27-51			24C. NAME OF CEMETERY OR CREMATORY Baltimore Cemetery		
24D. LOCATION (City, town, or county) (State) Baltimore Md			25. FUNERAL DIRECTOR Edmund W. Conklin			ADDRESS 924 E. Eager St		

2747

2747

STATE OF NEW YORK
 DEPARTMENT OF HEALTH
 CERTIFICATE OF DEATH

2747

2747

[The following text is mirrored bleed-through from the reverse side of the document and is not legible.]

NAME OF DECEASED: _____

AGE: _____

SEX: _____

RACE: _____

DATE OF BIRTH: _____

DATE OF DEATH: _____

PLACE OF DEATH: _____

Cause of Death: _____

Signature of Physician: _____

Signature of Registrar: _____

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

420
51 2748

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2748
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		J. Edward Ellis		3/24/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION 1219 So. Carey St.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 21-02			
c. Length of stay in Baltimore 15 yrs		D. STREET ADDRESS (If rural, give location) 1219 So. Carey St.			
5. SEX Male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 8/9/1878	9. AGE (In years last birthday) 72	10. UNDER 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10B. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) St Mary's Co. Md.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Robert Ellis		14. MOTHER'S M maiden NAME Emily Brown			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS Mrs Lottie A. Ellis 1219 So. Carey St.	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Mycodites		CAUSE OF DEATH (A) DUE TO Arteriosclerosis (Generalized)		INTERVAL BETWEEN ONSET AND DEATH 3 wks	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 24, 1951, to March 24, 1951, that I last saw the deceased alive on March 24, 1951, and that death occurred at 1:30 p.m., from the causes and on the date stated above.					
23A. SIGNATURE Harry Kates		23B. ADDRESS 517 Scott St.		23C. DATE SIGNED Mar 26/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/27/51		24C. NAME OF CEMETERY OR CREMATORY Glen Haven Mem'l Ch. Ritchie Hwy Md.	
24D. LOCATION (City, town, or county) (State) Baltimore Md.		24E. FUNERAL DIRECTOR John J. Lowan & Son		24F. ADDRESS 1901 St.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 26 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR [Signature]	

10-1-75 [illegible]

10-2-75 [illegible]

10-3-75 [illegible]

10-4-75 [illegible]

10-5-75 [illegible]

10-6-75 [illegible]

10-7-75 [illegible]

10-8-75 [illegible]

10-9-75 [illegible]

10-10-75 [illegible]

10-11-75 [illegible]

10-12-75 [illegible]

10-13-75 [illegible]

10-14-75 [illegible]

10-15-75 [illegible]

10-16-75 [illegible]

10-17-75 [illegible]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

320
51 2749

Letts
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2749
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Laura M. Letts

2. DATE
OF
DEATH

March 23-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

4002 Prior Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto 27-01

D. STREET ADDRESS (If rural, give location)

4002 Prior Ave

C. Length of stay in Baltimore

38 yrs

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb 3-1908

9. AGE (In years last birthday)

43

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House Wife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

England

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Edward Abbey

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mr Harland-Letts-4002 Prior Ave

18. 171X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma

QUE TO

4 days
approx. death

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Anetonal Abortion

QUE TO

approx. 3 mos.

(C) Perforation of Cecum

approx. 34 hrs

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

Apr. Mar 1950

Carcinoma Cy

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 1949, to Mar 23, 1951, that I last saw the deceased alive on Mar 22, 1951, and that death occurred at 8:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Frank A. Quinn

23B. ADDRESS

M. O. 11271 Monument St

23C. DATE SIGNED

3/21/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial Mar 27-51 Holy Redeemer Balto

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 26 1951

William H. Williams

25. FUNERAL DIRECTOR

ADDRESS

25. FUNERAL DIRECTOR

ADDRESS

VS 150

1 Kentucky Ave 48a

5400 S.A. Hwy
CL. 0141 Lockwood apt

LE ~~3109~~
3370

5652 Woodmont
and Dr Gerald Galvin
1154 Woodmont

PLEASE WRITE IN FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2750

Registered No.

51 2750

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Daniel C. Spedden

2. DATE
OF
DEATH

March 23-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

3841 Brendon Ave

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Post office clerk

13. FATHER'S NAME

John J. Spedden

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Yes Spanish War 1913-20-53/5

16. SOCIAL
SECURITY NO.

213-20-5315

8. DATE OF BIRTH

May 13-1876

9. AGE (In years
last birthday)

74

11. Under 1 Year
Months: Days

12. Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Balto

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Laura Wilkins

17. INFORMANT

ADDRESS

Mrs Clara Spedden-Brennan

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral hemorrhage

3 hr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Hypertensive encephalopathy -
vascular disease

5 yr?

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from - 1948, to 3-23, 1951, that I last saw the
deceased alive on 3-23, 1951, and that death occurred at 2 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. M. M. Moore

M. D.

23B. ADDRESS

3105 Belair Rd

23C. DATE SIGNED

3-26-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 26 1951

Washington, D. C.

1912 J. B. & Son

VS 150

39090

3001 Antebay Ave 937

Dr Moores
502 Hatherlygh Rd
~~3004~~ 3105 Belair Rd

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2751

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Salvadora Poligardo

2. DATE
OF
DEATH

3/23/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

St. Agnes Hospital

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

40 St. Agnes Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

68 yrs. - 9/16

9. AGE (In years last birthday)

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Italy

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Gaglione

Decd'

14. MOTHER'S MAIDEN NAME

Dora Decd

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Dominick Poligardo

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) GENERAL HEMORRHAGE
DUE TO LEFT TEMPORAL LOBE

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) HYPERTENSIVE CARDIO-VASCULAR DISEASE
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3/15/51 to 3/23/51, 1951, that I last saw the deceased alive on 3/22, 1951, and that death occurred at 9:00 Am., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 26 1951

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51 2752 BALTIMORE CITY HEALTH DEPARTMENT **51 2752**
 BIRTH NO. **52** Registered No.

1. NAME OF DECEASED (Type or Print) Ervin Cobb			2. DATE OF DEATH 3-10-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
B. FULL NAME OF (If not in hospital or institution, give street address or location) Baltimore City Hospitals			C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) Baltimore City Hospitals			E. LENGTH OF STAY IN BALTIMORE 7 Yrs. Mos. Days		
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 25, 1908	9. AGE (In years last birthday) 42	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN			10B. KIND OF BUSINESS OR INDUSTRY		
11. BIRTHPLACE (State or foreign country) N.C.			12. CITIZEN OF WHAT COUNTRY?		
13. FATHER'S NAME Allen Cobb			14. MOTHER'S MAIDEN NAME Emma Langley		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Records* Balto. City Hospitals			ADDRESS 4940 Eastern Ave		

18. E964 X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pyelonephritis DUE TO ANTECEDENT CAUSES		CAUSE OF DEATH Pyelonephritis DUE TO ANTECEDENT CAUSES	INTERVAL BETWEEN ONSET AND DEATH 3 Mos.
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Spinal Injury with Paraplegia - Complete Pulmonary Congestion		CERTIFICATION APPROVED BY R. F. Fisher CHIEF OF DIST. MEDICAL EXAMINER	
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		2 Yrs. Days	

19A. DATE OF OPERATION 10-10-49		19B. MAJOR FINDINGS OF OPERATION Permanent Colostomy		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Machine Shop		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) Pratt & Central Ave. 3/2	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY March 1948		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Shot by police officer during burglary	
22. I hereby certify that I attended the deceased from 8-16 , 19 48 , to 3-10 , 19 51 , that I last saw the deceased alive on 3-10 , 19 51 , and that death occurred at 10:30 AM from the causes and on the date stated above.					
23A. SIGNATURE R. F. Fisher		23B. ADDRESS 4940 Eastern Avenue		23C. DATE SIGNED 3-24-51	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/26/51	24C. NAME OF CEMETERY OR CREMATORY Sacred Heart Cem	24D. LOCATION (City, town, or county) (State) 7 1 Balto. Md.
DATE RECEIVED BY LOCAL REGISTRAR MAR 26 1951	REGISTRAR'S SIGNATURE W. H. H. H. H.	25. FUNERAL DIRECTOR John J. Fahreny & Sons	

VS 150

TO BE APPROVED BY CHIEF MEDICAL EXAMINER

N-805.4

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UNITED STATES OF AMERICA

1972

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PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2753
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2753
Registered No.

1. NAME OF DECEASED
(Type or Print)

Wilson K. Penn

2. DATE
OF
DEATH

March 24, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

3606 Roland Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution; residence
before admission)

A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3606 Roland Avenue

c. Length of stay in Baltimore

60 years

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 26, 1878

9. AGE (In years;
last birthday)

72

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR
INDUSTRY

Sanitary Scales Co.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U S A

13. FATHER'S NAME

Enoch Penn

14. MOTHER'S MAIDEN NAME

Eliza ---

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

None

17. INFORMANT

ADDRESS

Mrs. Gertrude Benson Penn 3606 Roland Ave.

18. 4/20/0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary Thrombosis
arteriosclerosis, Heart Disease

INTERVAL BETWEEN
ONSET AND DEATH

11 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

4 years.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., In or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from 1947 19, to 3/24, 1951, that I last saw the
deceased alive on Jan 27, 1951, and that death occurred at 8:00 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Marion L. Surgeon

M. D.

11 E Chase St

3/26/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

March 27, 1951

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge

24D. LOCATION (City, town, or county)

Pikesville, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 26 1951

REGISTRAR'S SIGNATURE

Marion L. Surgeon

25. FUNERAL DIRECTOR

ADDRESS

Burgee Funeral Home 3631 Falls Road

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Horace F. Burgee

61

Mr. Martin L. Singewald

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

N-500
51 2754

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2754
Registered No.

BIRTH NO.			2. DATE OF DEATH March 24, 1951		
1. NAME OF DECEASED (Type or Print) John D. Nooney			3. PLACE OF DEATH: A. Baltimore City, Maryland		
B. FULL NAME OF HOSPITAL OR INSTITUTION 3105 Milford Ave.			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
C. Length of stay in Baltimore Life			D. STREET ADDRESS (If rural, give location) 3105 Milford Ave.		
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Sept. 18, 1885	9. AGE (In years last birthday) 67 yrs	10. Under 1 Year Months: Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supt - Retired			10B. KIND OF BUSINESS OR INDUSTRY Postal Dept U. S. Government		
11. BIRTHPLACE (State or foreign country) Baltimore, Md.			12. CITIZEN OF WHAT COUNTRY? ✓		
13. FATHER'S NAME John Nooney			14. MOTHER'S MAIDEN NAME Mary Agnes Lynch		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Mrs. Francis D'Anthony, 3105 Milford Ave.			ADDRESS		
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) Arterio-sclerotic Heart Disease DUE TO Antecedent Causes DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Broncho-Pneumonia (Virus) DUE TO Interval between onset and death 5 yrs. 3 days					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. None					
19A. DATE OF OPERATION None		19B. MAJOR FINDINGS OF OPERATION None		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from March 20, 1951, to March 24, 1951, that I last saw the deceased alive on March 24, 1951, and that death occurred at 9:25 A. M., from the causes and on the date stated above.					
23A. SIGNATURE Paul L. Chambers		23B. ADDRESS 4108 Liberty Heights Ave.		23C. DATE SIGNED 3/26/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE March 27, 1951		24C. NAME OF CEMETERY OR CREMATORY New Cathedral Cemetery	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. FUNERAL DIRECTOR William H. Williams, Jr.		24F. ADDRESS 4510 Liberty Heights Ave.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 26 1951		REGISTRAR'S SIGNATURE William H. Williams, Jr.		25. FUNERAL DIRECTOR William H. Williams, Jr.	

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John F. Horney

March 27, 1951

Maryland

Baltimore

3105 Wilford Ave.

3105 Wilford Ave.

Life

Sept. 18, 1883 87 yrs

Widowed

White

Male

Baltimore, Md.

Postal Temp

U. S. Government

Temp - Retired

Mary Anne Lynch

John Horney

Mrs. Francis D. Anthony, 3105 Wilford Ave.

9.12

4106 Liberty Heights Ave.

New Cathedral Cemetery, Baltimore, Md.

March 27, 1951

Final

4106 Liberty
Baltimore, Md.

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT				51 2755	
CERTIFICATE OF DEATH				Registered No.	
1. NAME OF DECEASED (Type or Print) Vogt, Jacob			2. DATE OF DEATH 3/23/51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Baltimore B. COUNTY 26-07		
B. FULL NAME OF HOSPITAL OR INSTITUTION St. Agnes Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
D. STREET ADDRESS (If rural, give location) 4501 Eastern Ave.			E. LENGTH OF STAY IN BALTIMORE life		
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH (7/17) 6-16-89		9. AGE (In years last birthday) 61
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Baker			10B. KIND OF BUSINESS OR INDUSTRY Self		11. BIRTHPLACE (State or foreign country) (Maryland) Germany
12. CITIZEN OF WHAT COUNTRY? U.S. A.			13. FATHER'S NAME (Unknown) Heinrich Vogt		
14. MOTHER'S MAIDEN NAME (Unknown) Magdalena Berroth			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS Katherine Vogt- 4501 Eastern Avenue		
18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 162x I Bronchogenic Carcinoma Left			INTERVAL BETWEEN ONSET AND DEATH 13-6-51		
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (A) Metastasis to C. & C2 vertebrae			DUE TO (B) Generalized Atherosclerosis		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION 2			19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-6 , 19 51 , to 3-23 , 19 51 , that I last saw the deceased alive on 3-23 , 19 51 , and that death occurred at 11:30 a. m., from the causes and on the date stated above.					
23A. SIGNATURE J. H. [Signature]		23B. ADDRESS St. Agnes Hosp.		23C. DATE SIGNED 3-23-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-27-51		24C. NAME OF CEMETERY OR CREMATORY Sacred Heart	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		25. FUNERAL DIRECTOR 403 S. Wolfe Street		ADDRESS	
DATE RECEIVED BY LOCAL REGISTRAR MAR 26 1951		REGISTRAR'S SIGNATURE William H. [Signature]		25. FUNERAL DIRECTOR 403 S. Wolfe Street	

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PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. They correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2756
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

VICTORIA GEARIS

2. DATE
OF
DEATH

3/25/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Franklin Square Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 25-41

D. STREET ADDRESS (If rural, give location)

3325 James St.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan 15, 1880 71

9. AGE (In years
last birthday)

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

H.W.

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Lithuania

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Lisowski

14. MOTHER'S MAIDEN NAME

Scolley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

260X
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

Cerebral Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Generalized arteriosclerosis

DUE TO

Gangrene both legs
Diabetic arteriosclerotic

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

3/2/51

19B. MAJOR FINDINGS OF OPERATION

Diabetic Gangrene rt leg

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/22, 1951, to 3/25, 1951, that I last saw the
deceased alive on 3/25, 1951, and that death occurred at 7:05 A.M., from the causes and on the date stated above.

23A. SIGNATURE

G. F. Hawkins, Jr.

23B. ADDRESS

Franklin Square Hosp.

23C. DATE SIGNED

3/25/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3/29/51

24C. NAME OF CEMETERY OR CREMATORY

Greenwood

24D. LOCATION (City, town or county)

Frederick Rd

(State)

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Washington, Md.

25. FUNERAL DIRECTOR

ADDRESS

John W. Seligman 703 McKenney St.

MAR 26 1951

VS 150

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PLEASE WRITE IN INK. Every item of information should be written clearly and legibly. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

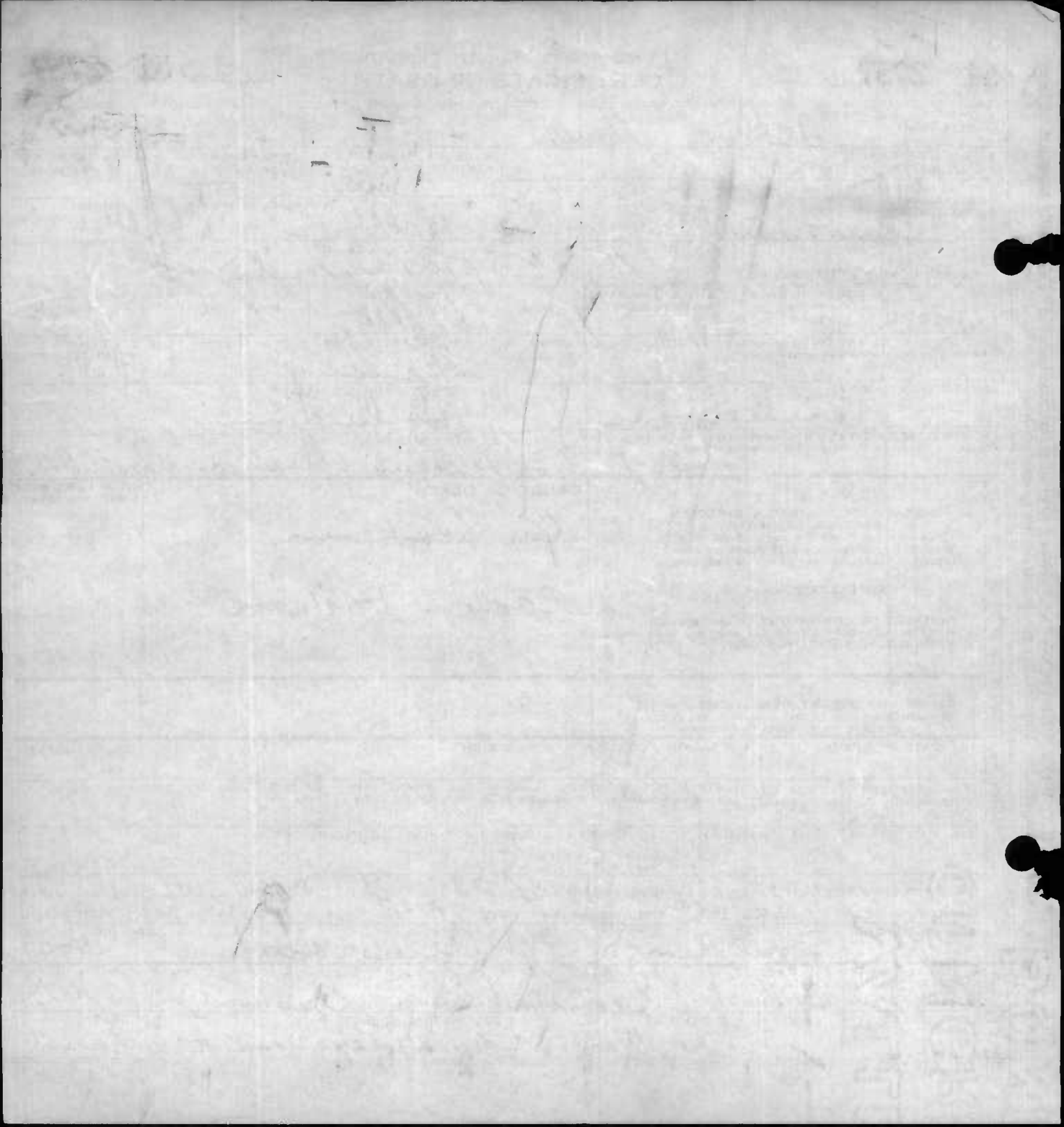
Copy T-520
51 2757

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2757

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>ARTHUR Thomas</i>		2. DATE OF DEATH <i>3-24-51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland ✓		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>md.</i> B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>University Hosp. Md.</i>		C. CITY OR TOWN (If outside corporate limits, write R.U.L. and give township) <i>Balt.</i> <i>19-03</i>			
C. Length of stay in Baltimore <i>38</i> Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) <i>1307 W. Lombard St.</i>			
5. SEX <i>m</i>	6. COLOR OR RACE <i>w</i>	7. (SINGLE) MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>6/8/1887</i>	9. AGE (In years last birthday) <i>63</i>	If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Germany</i>	
13. FATHER'S NAME <i>Unknown</i>		14. MOTHER'S MAIDEN NAME <i>Unknown</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO. <i>213-10-4126</i>		17. INFORMANT <i>Successor Friends 1307 W. Lombard St.</i>	
18. <i>204.4</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) <i>Ch. Leukemia</i>			
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) <i>Cardiac Failure</i>			
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DISEASE OR CONDITION CAUSING IT.		(C)			
19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3/23</i> , 19 <i>51</i> , to <i>3/24</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>3/24</i> , 19 <i>51</i> , and that death occurred at <i>9:15 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>R.C. Paulding</i>		23B. ADDRESS <i>Union. 802 p</i>		23C. DATE SIGNED <i>3-25-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Cremation</i>		24B. DATE <i>3/26/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Greenwood Cemetery</i>	
24D. LOCATION (City, town or county) <i>Greenwood Md.</i>		24E. FUNERAL DIRECTOR <i>Wm. H. Jackson</i>		24F. ADDRESS <i>703 W. Cherry St.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 26 1951</i>		REGISTRAR'S SIGNATURE <i>Wm. H. Jackson</i>		25. FUNERAL DIRECTOR <i>Wm. H. Jackson</i>	

74a



PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

251 J-220 2758

JOKSAS
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2758
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Pauline J. Joksas		2. DATE OF DEATH 3-24-1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE _____ B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION Maryland General Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		D. STREET ADDRESS (If rural, give location) 18-03 833 Hollins St #1	
c. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		5. SEX Female			
6. COLOR OR RACE White		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H. W.		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH April 3, 1883	
13. FATHER'S NAME Tom Bluros		14. MOTHER'S MAIDEN NAME Victoria Valuncure.		9. AGE (In years last birthday) 68 H Under 1 Year Months: _____ Days: _____ H Under 24 Hours Hours: _____ Min: _____	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		11. BIRTHPLACE (State or foreign country) Lithuania	
17. INFORMANT		12. CITIZEN OF WHAT COUNTRY?			
18. H10X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute cardiac decompensation		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH Unknown	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Mitral stenosis & insufficiency		DUE TO Rheumatic cardiovascular disease			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Varicose Veins.					
19a. DATE OF OPERATION 0		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-7-1951 , to 3-24-1951 , that I last saw the deceased alive on 3-24-1951 , and that death occurred at 8:52 a.m. , from the causes and on the date stated above.					
23a. SIGNATURE W. K. B...		23b. ADDRESS Med. Gen. Hosp.		23c. DATE SIGNED 3-24-51	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 3/26/51		24c. NAME OF CEMETERY OR CREMATORY Holy Redeemer	
24d. LOCATION (City, town, or county) (State) Belair Rd. Md.		24e. FUNERAL DIRECTOR Charles W. ...		24f. ADDRESS 703 McHenry St	
DATE RECEIVED BY LOCAL REGISTRAR MAR 26 1951		REGISTRAR'S SIGNATURE W. K. B...		25. FUNERAL DIRECTOR Charles W. ...	

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PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-525
51 2759

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2759

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

RAYMOND HERBY BENSON

2. DATE
OF
DEATH

MARCH 26, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland BALTIMORE.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4040 THE ALAMEDA

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

MARYLAND, BALTIMORE City

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE 9-01

D. STREET ADDRESS (If rural, give location)
4040 THE ALAMEDA.

c. Length of stay in Baltimore

2 YRS. 5 Mos. Yrs. Mos. Days

5. SEX

M.

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
MARRIED.

8. DATE OF BIRTH

AUG. 14, 1906

9. AGE (in years, last birthday)

44

10 Under 1 Year Months: Days

8

11 Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
OWNER.

10B. KIND OF BUSINESS OR INDUSTRY
BOTTLING CO.

11. BIRTHPLACE (State or foreign country)

WESTMINSTER, MD.

12. CITIZEN OF WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

GEORGE E. BENSON

14. MOTHER'S MAIDEN NAME

RUTH ETTA BUSH.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
216-22-9217

17. INFORMANT (WIFE)

ADDRESS

GRACE BENSON- 4040 ALAMEDA

18. 260X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

APOPLEXY

1 HOUR

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

ARTERIOSCLEROSIS

DUE TO

DIABETES MELLITUS

10 YRS.

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

NONE

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from NOV. 1948 to MAR 26, 1951, that I last saw the deceased alive on MAR 26, 1951, and that death occurred at 3:30 AM., from the causes and on the date stated above.

23A. SIGNATURE

Ruth in Karlson

M. O.

23B. ADDRESS

4230 Loch Raven Blvd

23C. DATE SIGNED

3-26-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

MAR. 28, 1951

24C. NAME OF CEMETERY OR CREMATORY

TRIDER'S CEMETERY

24D. LOCATION (City, town, or county) (State)

NEAR WESTMINSTER, MD.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 26 1951

REGISTRAR'S SIGNATURE

Washington, D.C.

25. FUNERAL DIRECTOR

JOHN R. BYERS

ADDRESS

WESTMINSTER, MD.

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PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **51 2760**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROBERT MINOR

2. DATE
OF
DEATH

Mar. 25, 1951

3. PLACE OF DEATH:

A. **Baltimore City, Maryland**

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

2517 Garrison Blvd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX
male

6. COLOR OR RACE
white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

Feb. 26, 1868

9. AGE (In years
last birthday)

82

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Owner (rtd)

10B. KIND OF BUSINESS OR
INDUSTRY

Retail Meat

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Ruben Minor

14. MOTHER'S MAIDEN NAME

Melissan J. Moody

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. R. Vernon Minor - 2517 Garrison Blvd.

18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) **Coronary Thrombosis**

DUE TO

**about 20
min.**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) **cardio vascular disease**

DUE TO

**about
5 years**

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Oct. 6, 1949**, to **Mar. 25, 1951** that I last saw the
deceased alive on **Mar 19, 1951**, and that death occurred at **9 P.m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

2220 Garrison Blvd

March 26/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/28/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 26 1951

REGISTRAR'S SIGNATURE

Walter J. Pickner

25. FUNERAL DIRECTOR

Walter J. Pickner & Sons, Balto.

ADDRESS

937 Md.

VS 150

1000

CONGREGATION
VALLEY

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **51 2761**

520
51 2761
BIRTH NO.

1. NAME OF DECEASED (Type or Print) JULIA LONG			2. DATE OF DEATH 3-24-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland Baltimore			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Maryland General Hospital Baltimore 13-07			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)		
c. Length of stay in Baltimore Yrs. Mos. Days			D. STREET ADDRESS (If rural, give location) 909 W. 38th St #11		
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 24, 1872		9. AGE (In years last birthday) 78
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) H. W.		10B. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) W. Virginia		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Andrew Jackson			14. MOTHER'S MAIDEN NAME Emily Thompson		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) -		16. SOCIAL SECURITY NO.	17. INFORMANT ADDRESS Miss Avon Long - 909 W. 38th St.		

18. 420.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Coronary Thrombosis DUE TO Generalized Atherosclerosis DUE TO Uremia	INTERVAL BETWEEN ONSET AND DEATH 2 hrs ? ?
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from Mar 10 , 19 51 , to Mar 24 , 19 51 , that I last saw the deceased alive on Mar 24 , 19 51 , and that death occurred at 11 p. m. , from the causes and on the date stated above.					
23A. SIGNATURE John M. Scott		23B. ADDRESS 8 Longwood Road		23C. DATE SIGNED 11/24/51	

24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/28/51	24C. NAME OF CEMETERY OR CREMATORY Woodlawn Cem.	24D. LOCATION (City, town, or county) (State) Woodlawn, Md.
DATE RECEIVED BY LOCAL REGISTRAR MAR 26 1951	REGISTRAR'S SIGNATURE W. J. Williams	25. FUNERAL DIRECTOR Wm. J. Lickner & Sons - Balto Md.	

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

160
51 2762

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2762

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) Tedford (Ted) Baber		2. DATE OF DEATH March 23 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION 3105 Hamilton Ave		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 27-44	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 3105 Hamilton Ave.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 20 1900
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Civil Engineer		10B. KIND OF BUSINESS OR INDUSTRY Building Constyuction	9. AGE (In years, last birthday) 50
11. BIRTHPLACE (State or foreign country) Illinois		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Daniel D. Baber		14. MOTHER'S MAIDEN NAME Effie Parker	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Elizabeth Baber		ADDRESS	

18. 581.0 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Chronic Nephritis Cirrhosis of Liver	CAUSE OF DEATH (A) DUE TO (B) DUE TO (C) DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION 0	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from Dec , 1950 to March , 1951, that I last saw the deceased alive on March 15, 1951 , and that death occurred at 6 P. m. , from the causes and on the date stated above.		
23A. SIGNATURE William A. Baetjer	23B. ADDRESS 401 St Paul St	23C. DATE SIGNED 3/25/51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE March 26 1951	24C. NAME OF CEMETERY OR CREMATORY Oak Lawn Cem.
24D. LOCATION (City, town, or county) Baltimore Md.		25. FUNERAL DIRECTOR William J. Jenkins & Sons
DATE RECEIVED BY LOCAL REGISTRAR MAR 26 1951		ADDRESS North + Penna Aves

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PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **51 2763**

51 2763

1. NAME OF DECEASED (Type or Print) SOPHIE HAWKINS LEE		2. DATE OF DEATH MAR. 22, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 1212 Eager	
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 15, 1913
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Domestic		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 67
13. FATHER'S NAME James Williams		11. BIRTHPLACE (State or foreign country) Florence S. C.	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	12. CITIZEN OF WHAT COUNTRY?
14. MOTHER'S MAIDEN NAME Eliza Thomas		17. INFORMANT ADDRESS Nathen Lee 1212 E. Eager St.	

18. 443X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Hypertensive Cardiovascular Disease		INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) (C)		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT		
19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE R. R. Fisher	23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	23C. DATE SIGNED March 22, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/26/51	24C. NAME OF CEMETERY OR CREMATORY Arbutus Mem. Park
24D. LOCATION (City, town, or county) (State) Arbutus Md.		25. FUNERAL DIRECTOR Mrs. Robt. A. Elliott & Daughter

V S 151

7206A II29 N. Caroline St.

93D

PLEASE WRITE LEGIBLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F 436
51 2764

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2764
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) Philip C. Fauldrath		2. DATE OF DEATH March 24, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland 600 S. Chapel Gate		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Pine Crest Sanatorium		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Balto. 2701			
c. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 3208 Overland Ave			
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH March 6-1860	9. AGE (In years last birthday) 91	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman Ret. Furniture		10B. KIND OF BUSINESS OR INDUSTRY Furniture		11. BIRTHPLACE (State or foreign country) Balto	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Christopher Fauldrath		14. MOTHER'S MAIDEN NAME Netta Lantz	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT Harry C. Fauldrath	
18. 422.1 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, assthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Chronic Myocarditis and MYOCARDIAL DEGENERATION (B) Generalized Arterio sclerosis (C) Senility INTERVAL BETWEEN ONSET AND DEATH 2 years ?		19. DATE OF OPERATION 0			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from June 1, 1948, to March 24, 1951, that I last saw the deceased alive on March 23, 1951, and that death occurred at 6 A. m., from the causes and on the date stated above.					
23A. SIGNATURE Melvin N. Borden		23B. ADDRESS 2030 W. Fayette St. M. D.		23C. DATE SIGNED 3/24/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-26-51		24C. NAME OF CEMETERY OR CREMATORY Balto. Cem.	
24D. LOCATION (City, town, or county) (State) E North Ave Balto.		24E. FUNERAL DIRECTOR H. J. Brown		24F. ADDRESS 1800 E. Lombard St.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 26 1951		REGISTRAR'S SIGNATURE W. J. Williams		VS 150	

93D

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

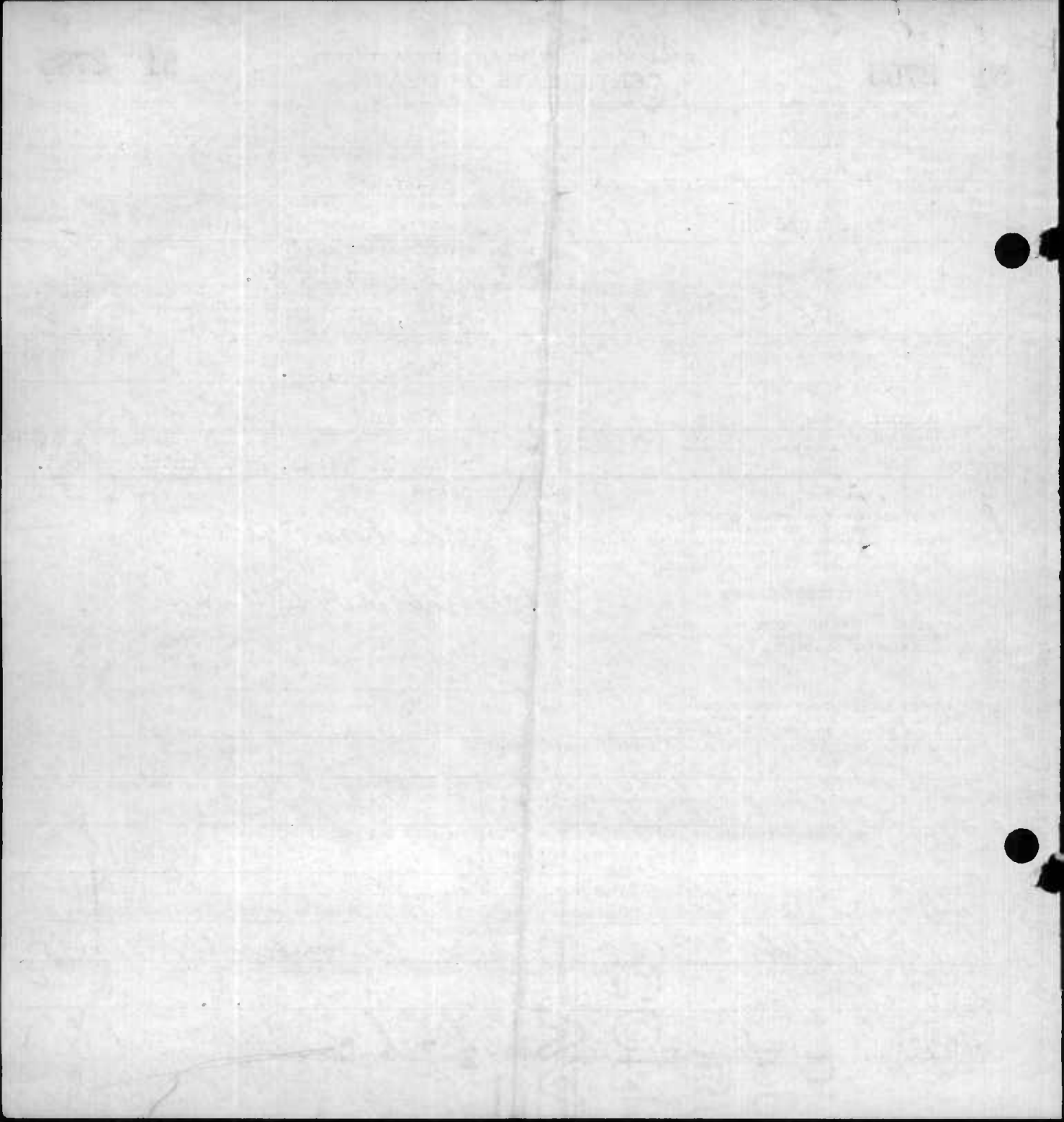
Registered No. **51 2765**

BIRTH NO. **51 2765**

1. NAME OF DECEASED (Type or Print) KATHERINE K. SCHULZ		2. DATE OF DEATH March 24, 1957	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY 16-06	
B. FULL NAME OF HOSPITAL OR INSTITUTION 2936 Edmondson Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
c. Length of stay in Baltimore Yrs. 0 Mos. 0 Days 0		D. STREET ADDRESS (If rural, give location) 2936 Edmondson Ave.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH June 24, 1863
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10B. KIND OF BUSINESS OR INDUSTRY At home	9. AGE (In years last birthday) 93
11. BIRTHPLACE (State or foreign country) Philadelphia, Pa.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13. FATHER'S NAME Unknown		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No		16. SOCIAL SECURITY NO. 0	
17. INFORMANT Mrs Angela Schulz, 1502 Pentridge Road.		ADDRESS	

18. 4221 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Myocardial Insufficiency DUE TO ANTECEDENT CAUSES Arteriosclerotic C.V.H.D. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. II	CAUSE OF DEATH Myocardial Insufficiency Arteriosclerotic C.V.H.D.	INTERVAL BETWEEN ONSET AND DEATH ? ?
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19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/23 , 1957, to 3/24 , 1957, that I last saw the deceased alive on 3/23 , 1957, and that death occurred at 8:00 p.m., from the causes and on the date stated above.					
23A. SIGNATURE Dr. William H. ...		23B. ADDRESS 3534 Edmondson Ave.		23C. DATE SIGNED 3/26/57	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/26/57		24C. NAME OF CEMETERY OR CREMATORY Baltimore	
24D. LOCATION (City, town, or county) (State) Baltimore, Md.		24E. FUNERAL DIRECTOR 2224 ...		24F. ADDRESS 1219 St Paul St	
DATE RECEIVED BY LOCAL REGISTRAR MAR 26 1957		REGISTRAR'S SIGNATURE William H. ...		24G. ADDRESS 1219 St Paul St	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

634

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2766

51 2766

1. NAME OF DECEASED (Type or Print) Emilie Hartleb			2. DATE OF DEATH March 25, 1951		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore		
5. FULL NAME OF HOSPITAL OR INSTITUTION 2661 Edmondson Ave.			6. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
7. Length of stay in Baltimore Life			8. STREET ADDRESS (If rural, give location) 2661 Edmondson Ave.		
9. SEX F	10. COLOR OR RACE W	11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed	12. DATE OF BIRTH 9/28/1867		13. AGE (In years last birthday) 83
14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife		15. KIND OF BUSINESS OR INDUSTRY Home	16. BIRTHPLACE (State or foreign country) Baltimore		17. CITIZEN OF WHAT COUNTRY? USA
18. FATHER'S NAME Frederick Schroeder			19. MOTHER'S MAIDEN NAME Caroline Niewokmer		
20. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no		21. SOCIAL SECURITY NO. no	22. INFORMANT ADDRESS Mrs. Dorothy Von Karstedt		
23. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Carcinoma of Stomach			24. CAUSE OF DEATH 3700 Edmondson Ave.		
25. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			26. INTERVAL BETWEEN ONSET AND DEATH 7 mos.		
27. DATE OF OPERATION none		28. MAJOR FINDINGS OF OPERATION		29. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
30. ACCIDENT, SUICIDE, HOMICIDE (Specify) no	31. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	32. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
33. TIME (Month) (Day) (Year) (Hour) OF INJURY	34. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NO WHILE AT WORK <input type="checkbox"/>	35. HOW DID INJURY OCCUR?			
36. I hereby certify that I attended the deceased from Sept. 10, 1950 to March 25, 1951 , that I last saw the deceased alive on March 23, 1951 , and that death occurred at 74 m., from the causes and on the date stated above.					
37. SIGNATURE M. J. McDermott		38. ADDRESS 1136 Poplar Grove St		39. DATE SIGNED 3/26/51	
40. BURIAL, CREMATION, REMOVAL (Specify) Burial	41. DATE 3/28/51	42. NAME OF CEMETERY OR CREMATORY St Pauls (Druid Hill)		43. LOCATION (City, town, or county) (State) Baltimore Md.	
44. DATE RECEIVED BY LOCAL REGISTRAR MAR 26 1951		45. REGISTRAR'S SIGNATURE William T. Williams		46. FUNERAL DIRECTOR ADDRESS John T. Stangbury 2700 Edmondson Ave.	

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2767
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lillian G. Glascock

2. DATE OF DEATH March 25, 1951
before admission)

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

1731 Bolton St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY none

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)
1731 Bolton St.

c. Length of stay in Baltimore

10 Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

March 12, 1881

9. AGE (in years last birthday)

70

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?
U. S.

13. FATHER'S NAME

William Wallace Gould

14. MOTHER'S MAIDEN NAME

Emily Dunsford

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Miss Beryl M. Gould 1731 Bolton St.

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from April 1951, to March 25, 1951, that I last saw the deceased alive on March 19, 1951 and that death occurred at 10 P. M., from the causes and on the date stated above.

23A. SIGNATURE

W. E. Beale

M. D.

23B. ADDRESS

2314

W. North Ave.

23C. DATE SIGNED

3/26/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

3/ /51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

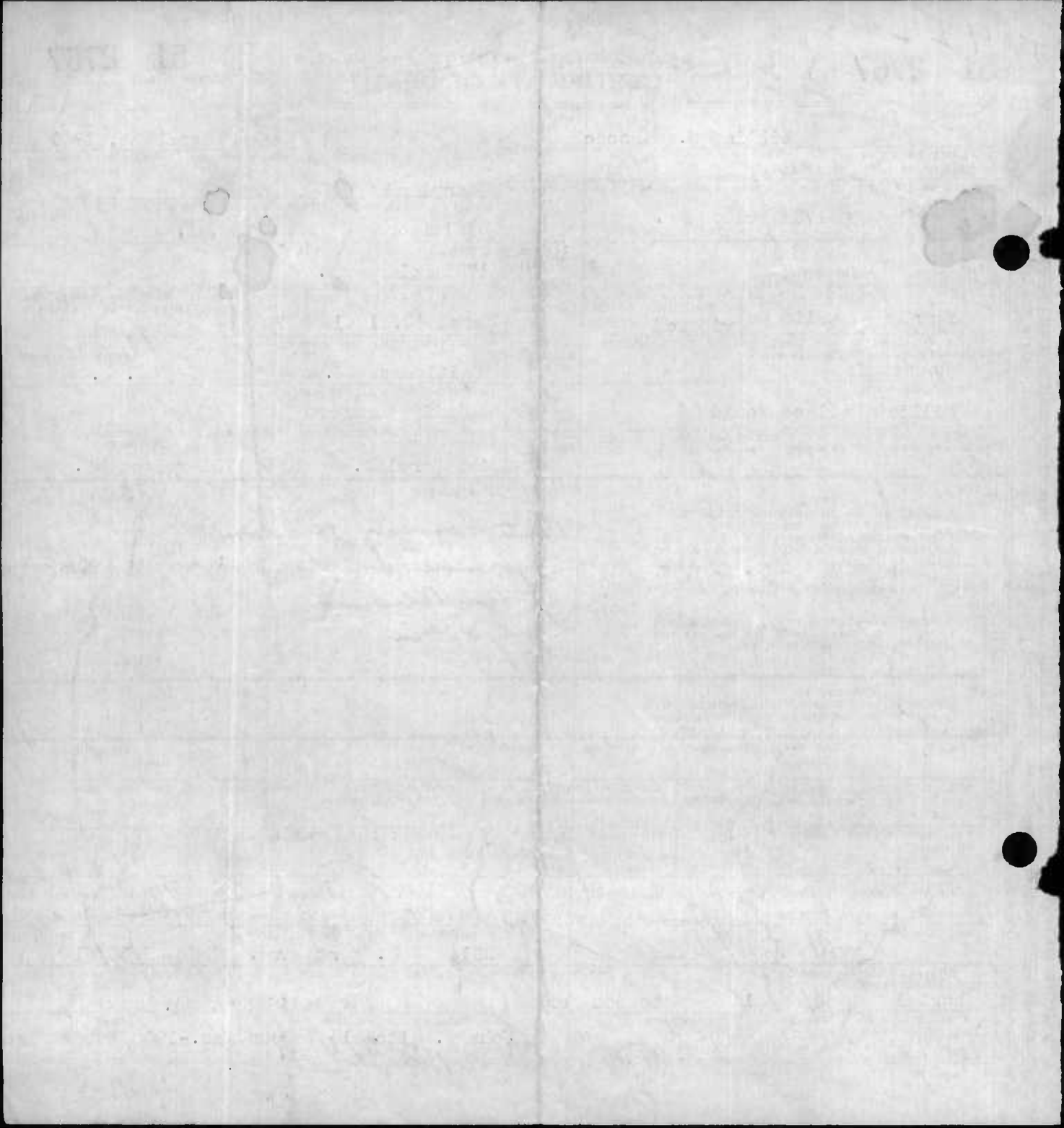
John O. Mitchell & Sons, Inc.-1900 Eutaw Place

M. B. Mitchell

VS 150

Dr. Needle

93 D



7-240

51 2768

Agnes H. Ruckle

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 2768

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Agnes H Ruckle

2. DATE
OF
DEATH

3-26-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

4700 Hayford Rd.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9-17-1870

9. AGE (In years,
last birthday)

80 yrs

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Washington, D.C.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Thomas Holden

14. MOTHER'S MAIDEN NAME

Catherine Gleason

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Hospital Records

18. 4721

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

Cardiovascular Degeneration?

DUE TO

Acute Botulitis

INTERVAL BETWEEN
ONSET AND DEATH

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from March 23, 1951, to March 26, 1951, that I last saw the
deceased alive on March 23, 1951, and that death occurred at 2:50 P.m., from the causes and on the date stated above.

23A. SIGNATURE

W. R. Johnson

M. D.

23B. ADDRESS

403 Med Arts Bldg

23C. DATE SIGNED

3/26-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3-27-51

24C. NAME OF CEMETERY OR CREMATORY

Arlington Natl. Cem.

24D. LOCATION (City, town or county) (State)

Arlington, Va.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

W. W. F. Tullagull

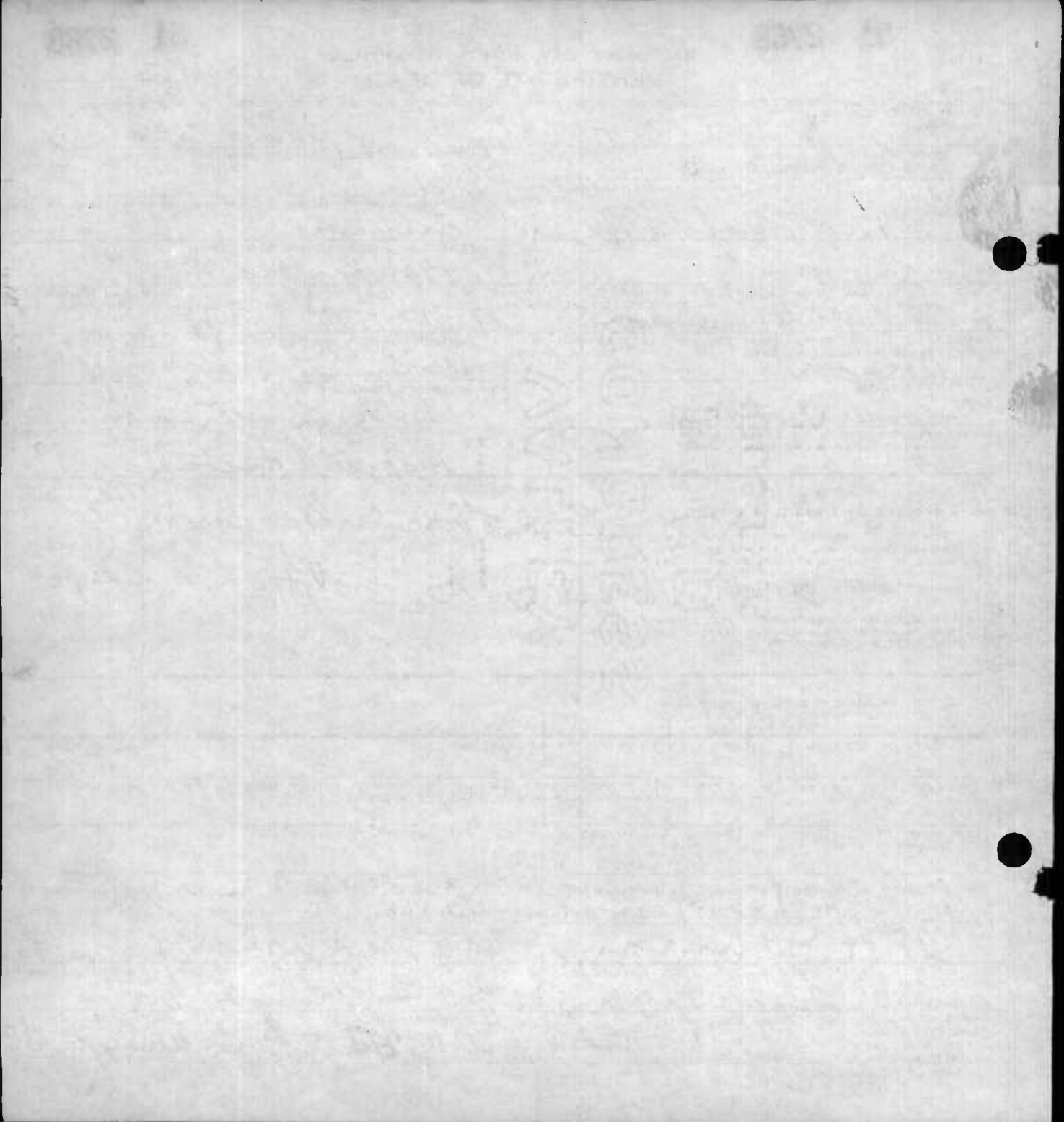
25. FUNERAL DIRECTOR

ADDRESS

Washington, D.C.

MAP 271951

93



150 51 2769

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2769
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alta M. Gavin

2. DATE
OF
DEATH

March 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

Maryland

5. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

2219 Kentucky Ave.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2219 Kentucky Ave.

6. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 26, 1907

9. AGE (in years
last birthday)

43

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Austin L. Chambers

14. MOTHER'S MAIDEN NAME

Lillian Galloway

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, oo or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Victor J. Gavin 2219 Kentucky Ave.

18.

193X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Brain tumor

INTERVAL BETWEEN
ONSET AND DEATH

June 1950

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Sept. 17, 1950

19B. MAJOR FINDINGS OF OPERATION

malignant tumor of brain

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from June 1, 1950, to March 23, 1951, that I last saw the
deceased alive on March 23, 1951, and that death occurred at 4:36 p. m. from the causes and on the date stated above.

23A. SIGNATURE

Thomas M. White

M. D.

23B. ADDRESS

3809 Lummox Ave

23C. DATE SIGNED

3/25/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/26/51

24C. NAME OF CEMETERY OR CREMATORY

New Cathedral Cem

24D. LOCATION (City, town, or county)

Baltimore

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Washington Williams

25. FUNERAL DIRECTOR

John A. Morgan 3000 E. Balto. St.

ADDRESS

MAR 27 1951

VS 150

54B

PLEASE WRITE CAREFULLY, WITH UNFADING INK. Every item of information should be stated fully and legibly. correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

CONFIDENTIAL

ATTN: A

100-100000

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Pawel Matan

2. DATE
OF
DEATH

Mar. 24, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

U.S. Marine Hospital, Baltimore, Md.

C. Length of stay in Baltimore 127 days

Yrs.
Mos.
Days4. USUAL RESIDENCE (Where deceased lived, If institution: residence
before admission)
A. STATE B. COUNTY

Pa.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Phila.

D. STREET ADDRESS (If rural, give location)

3603 Earp St.,

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Sep.

8. DATE OF BIRTH

Jul 14, 1896

9. AGE (In years
last birthday)

54

If Under 1 Year If Under 24 Hours
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Fireman

10B. KIND OF BUSINESS OR
INDUSTRY

Seafaring

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Andrew Matan

14. MOTHER'S MAIDEN NAME

Rose Berch

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Unknown

--

16. SOCIAL
SECURITY NO.

unk.

17. INFORMANT ADDRESS
Records - U.S. Marine Hospital

18. 181X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Carcinoma of bladder with ureteral
obstruction right, partial and
DUE TO hydroureter.

2 years ?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov. 17, 1950 to Mar. 24, 1951, that I last saw the
deceased alive on Mar. 24, 1951, and that death occurred at 10:35 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Eugene J. Gledhill

23B. ADDRESS

M. D. U.S. Marine Hospital, Balto., Md.

23C. DATE SIGNED

March 26, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

March 26, 1951

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Philadelphia, Pa.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 27 1951

VS 150

M. C. Inc. 71217 St. Paul St.

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51 2771

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2771
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Deiter Johnson

2. DATE
OF
DEATH

3/23/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE Md. B. COUNTYB. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Provident

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 16-01D. STREET ADDRESS (If rural, give location)
1207 Moskov St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)

Widowed

8. DATE OF BIRTH

Aug 23, 1892

9. AGE (In years last birthday)

61

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Janitor

10B. KIND OF BUSINESS OR INDUSTRY

Public School

11. BIRTHPLACE (State or foreign country)

Dist. Col.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Harrison Pleasant

14. MOTHER'S MAIDEN NAME

Gerald Logan

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mrs. M. P. Johnson Moskov St.

ADDRESS

18. 260X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial Failure & Circulatory Collapse

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(B) Diabetic Acidosis

(C) Diabetes Mellitus

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Malnutrition, Arteriosclerosis

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/22, 1951, to 3/23, 1951, that I last saw the deceased alive on 3/24/51, 1951, and that death occurred at 4:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Gilbert L. Bayfield M.D.

23B. ADDRESS

722 N. Fallow Ave

23C. DATE SIGNED

3/23/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-28-51

24C. NAME OF CEMETERY OR CREMATORY

Catharus Meier

24D. LOCATION (City, town, or county)

Baltimore

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 27 1951

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

Mortgagen

ADDRESS

578 W. Biddle

1775

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PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

AB-146985

300

51 2772

BALTIMORE CITY HEALTH DEPARTMENT

51 2772

CERTIFICATE OF DEATH

Registered No.

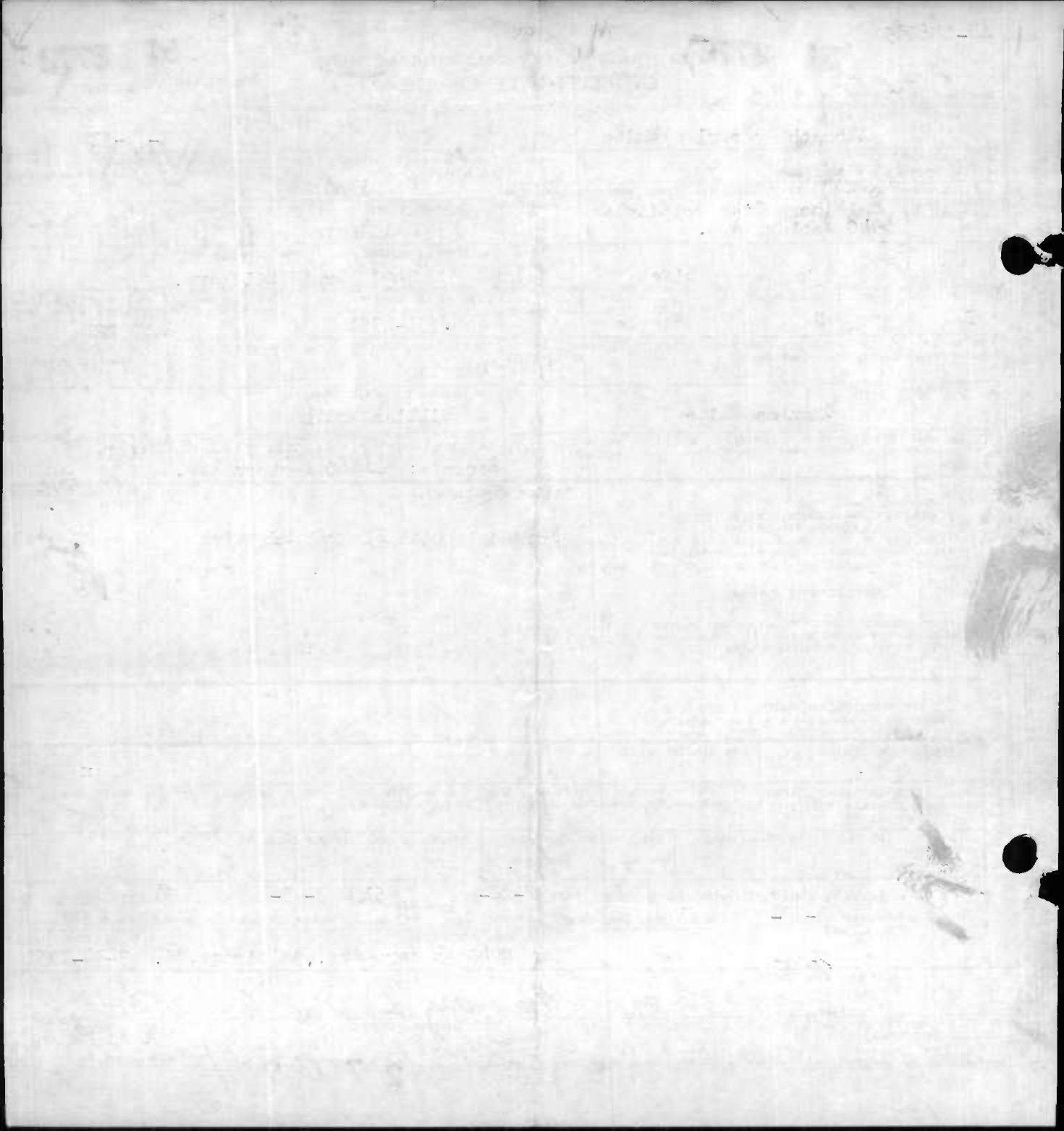
BIRTH NO. 51-02543

1. NAME OF DECEASED (Type or Print) Asenath Pearl White			2. DATE OF DEATH 3-23-51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY		
B. FULL NAME OF HOSPITAL OR INSTITUTION Baltimore City Hospitals 4940 Eastern Ave.			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 13-03		
c. Length of stay in Baltimore Life			d. STREET ADDRESS (If rural, give location) 2432 Druid Hill Ave.		
5. SEX F	6. COLOR OR RACE N	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Jan. 31-1951	9. AGE (In years last birthday) 1	10. Under 1 Year Months: Days: Hours: Min. 22
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME Charles White			12. CITIZEN OF WHAT COUNTRY?		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		
17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Ave.			14. MOTHER'S MAIDEN NAME Lillian Smith		

18. 493X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Pneumonia with Pleural Effusion DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	CAUSE OF DEATH (A) Pneumonia with Pleural Effusion DUE TO (B) DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 2 Days
---	---	--

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3-22-1951 to 3-23-1951 that I last saw the deceased alive on 3-23-1951 and that death occurred at 4 PM m., from the causes and on the date stated above.					
23A. SIGNATURE C. D. Rogers		23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.		23C. DATE SIGNED 3-24-1951	

24A. BURIAL, CREMATION, REMOVAL (Specify)	24B. DATE 3-27-51	24C. NAME OF CEMETERY OR CREMATORY Mt Calvary Cem. A. A. Co. Md	24D. LOCATION (City, town, or county) (State)
DATE RECEIVED BY LOCAL REGISTRAR MAR 27 1951	REGISTRAR'S SIGNATURE W. B. H. Williams	25. FUNERAL DIRECTOR W. B. H. Williams	ADDRESS W. B. H. Williams



PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

400
51 2773BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2773
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Schell Sr.

2. DATE
OF
DEATH

March 24, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Union Memorial Hosp.

c. Length of stay in Baltimore

24

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Owner None (Retired)

10B. KIND OF BUSINESS OR
INDUSTRY

Tavern

13. FATHER'S NAME

Joseph Schell (D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

Mar. 14, 1876

9. AGE (In years
last birthday)

75

If Under 1 Year
Months: Days Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

USA.

14. MOTHER'S MAIDEN NAME

Mary Prosser

17. INFORMANT

John Schell, Jr (Son)

ADDRESS

Same

18.

420.0 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

ARTERIOSCLEROTIC HEART DISEASE

?

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

2

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 9, 1951, to Mar. 24, 1951, that I last saw the
deceased alive on Mar. 24, 1951, and that death occurred at 10:50 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Richard Beach

23B. ADDRESS

M. D.

Union Memorial Hospital

23C. DATE SIGNED

3-25-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/28/51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cem.

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

3000 E. Balto. St.

STTS 12

STTS 12

STTS 12

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STTS 12

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PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2774

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2774

Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) ABE ABRAMS		2. DATE OF DEATH MAR 25, 1951	
3. PLACE OF DEATH: a. Baltimore City, Maryland Brady St. b. FULL NAME OF HOSPITAL OR INSTITUTION JONES HOPKINS HOSPITAL		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore S-05 D. STREET ADDRESS (If rural, give location) 2007 CHIFTWOOD AVE	
c. Length of stay in Baltimore 58 YRS.		8. DATE OF BIRTH 3-24-89	
5. SEX MALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	9. AGE (In years last birthday) 62
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Designer		11. BIRTHPLACE (State or foreign country) Poland	
10b. KIND OF BUSINESS OR INDUSTRY Mens clothing		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME SIMON ABRAMS		14. MOTHER'S MAIDEN NAME Dora Cohen	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT JONES HOPKINS HOSPITAL		ADDRESS	

18. 342X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Respiratory failure DUE TO Brain tumor (over)	CAUSE OF DEATH Respiratory failure DUE TO Brain tumor (over)	INTERVAL BETWEEN ONSET AND DEATH
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2-24-1951 , to 3-25-1951 , that I last saw the deceased alive on 3-25-1951 , and that death occurred at 6:02 p.m. , from the causes and on the date stated above.					
23A. SIGNATURE [Signature]		23B. ADDRESS JONES HOPKINS HOSPITAL		23C. DATE SIGNED	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/27/51		24C. NAME OF CEMETERY OR CREMATORY Beth Israel Cemetery	
24D. LOCATION (City, town, or county) Baltimore, Md.		24E. DATE RECEIVED BY LOCAL REGISTRAR MAR 27 1951		24F. REGISTRAR'S SIGNATURE [Signature]	
24G. FUNERAL DIRECTOR Sal. Levinson & Bros.		24H. ADDRESS 1124-26 W. North		24I. SIGNATURE [Signature]	

He notes on autopsy was done.

Was there any indication
in deceased's clinical history
that might permit the use
of probably malignant — for
coding purposes only?

also on the same possible
basis — in the brain the
primary locale?

See Document File 51-2774 for autopsy 229

4/5/51 ES

"Brain abscess, right parietal lobe.
Operative defects in the skull
(burr hole and r parietal decompression)
Calcified tuberculous complex, RLL
Gastrojejunostomy and operative abscess
ap

Generalized arteriosclerosis
Pulmonary emphysema
Cholelithiasis."

51 2775

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2775

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DORA Freedman

2. DATE
OF
DEATH

March 25, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

BALTIMORE

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNIVERSITY HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

15-11

c. Length of stay in Baltimore

64

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3718 DOFFIELD

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

8. DATE OF BIRTH

9. AGE (In years
last birthday)

78

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Paul Finkelstein

14. MOTHER'S MAIDEN NAME

Barla

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Lore Baro - 3718 Doffield Ave

18. 4221

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Acute Pulmonary Edema
DUE TO

3 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) Cardiac Hypertrophy
DUE TO

(C) Arterio-sclerotic Cardiovascular Dis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Senility

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from March 22, 1951, to March 25, 1951, that I last saw the
deceased alive on March 25, 1951, and that death occurred at 11 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Charles T. Henderson

M. O.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

3/25/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3-27-51

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county) (State)

Baltimore

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Jack Kewin, Inc 2100 Euston Pl

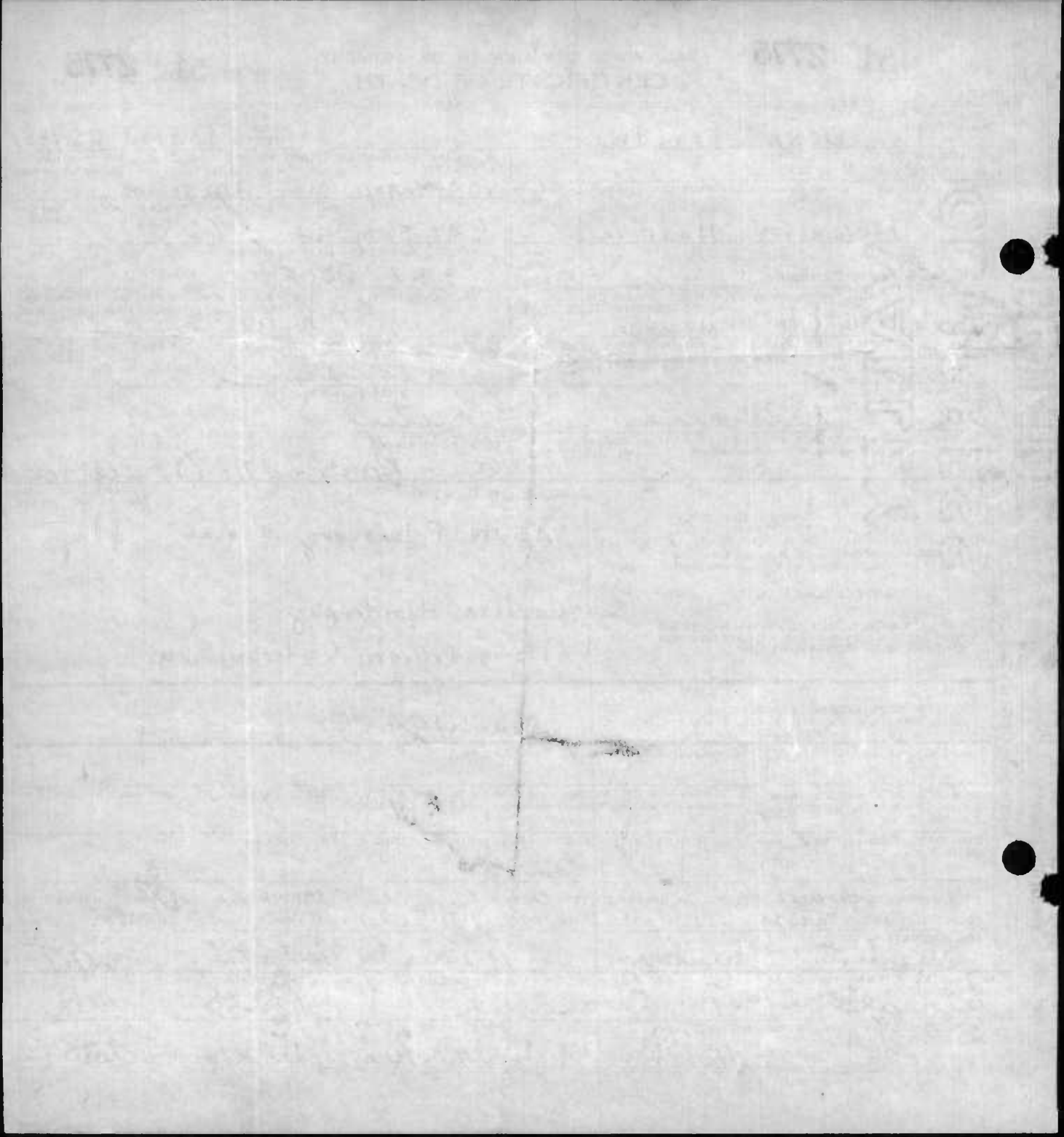
MAR 27 1951

VS 150

93D

PLEASE WRITE IN INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



AB-147044

51

2776

BALTIMORE CITY HEALTH DEPARTMENT

51

2776

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Marshall Watson

2. DATE
OF
DEATH

3-24-1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTIONBaltimore City Hospitals
4940 Eastern Ave.4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

a. STATE

b. COUNTY

Maryland

c. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

d. STREET ADDRESS (If rural, give location)

809 N. Chester St.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Oct. 7 1903

9. AGE (in years
last birthday)

47

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Janitor

10b. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Penna.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Harry Watson

OFFICE BLDG
?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.
213-16-337017. INFORMATION: Baltimore City Hospitals
Records: 4940 Eastern Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Cardiac Arrest-Etiology

Mins.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Severe Emaciation

Yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21a. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK AT WORK22. I hereby certify that I attended the deceased from 3-24-1951, to 3-24-1951, that I last saw the
deceased alive on 3-24-1951, and that death occurred at 9:30pm, from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

4940 Eastern Ave., Baltimore, Md.

3-25-51

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 27 1951

William Williams, Jr.

Philip Henry Sons

2024 Orleans St

VS 150

770 74

95c

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

8775 12

8775 12

When autopsy findings
become available

may we have the
probable underlying cause please?

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1620

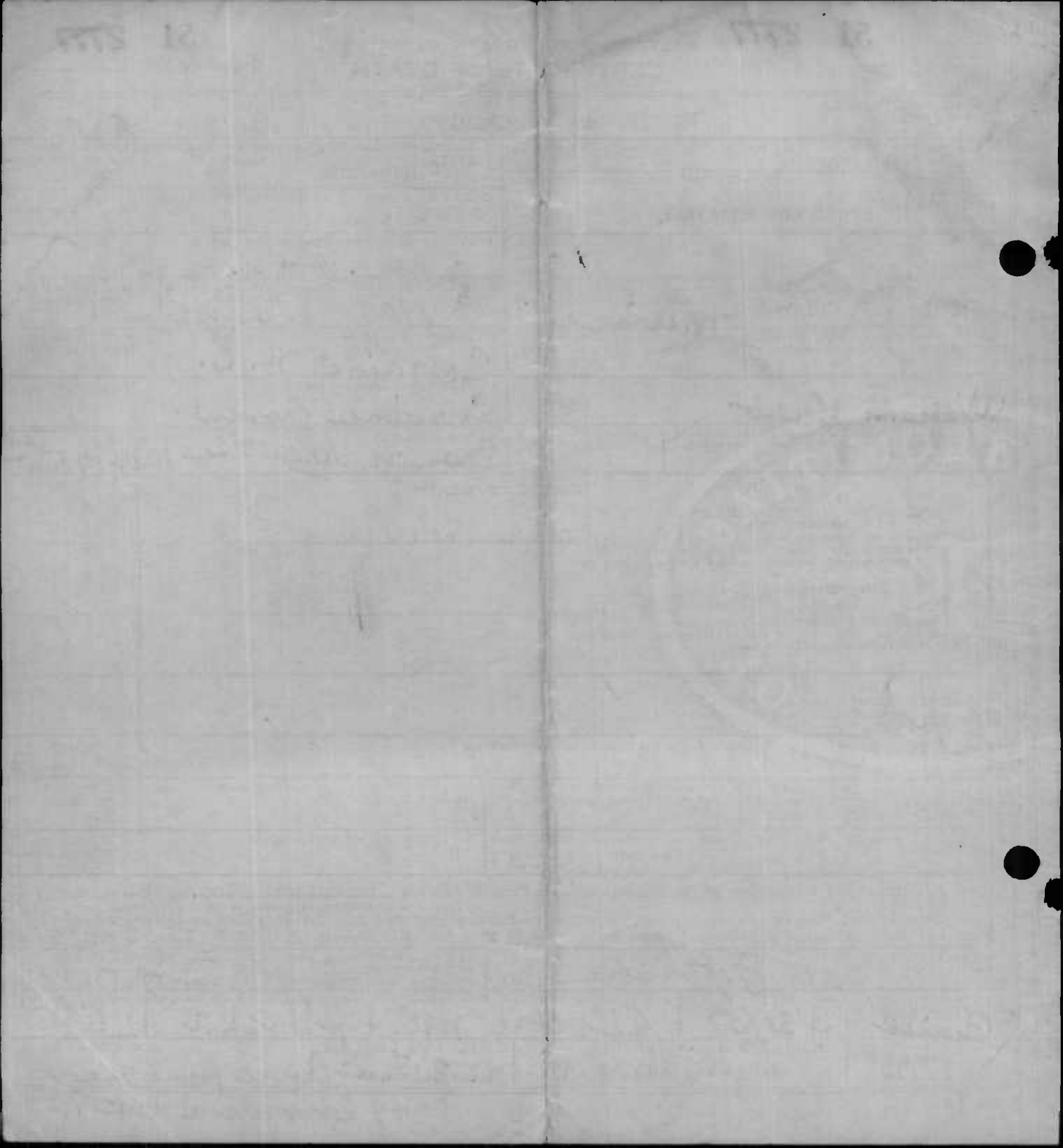
51 2777

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2777

Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		MATTIE CRAIG		March 23, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY			
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 16-03			
D. STREET ADDRESS (If rural, give location) 1034 W. Mount St.		E. LENGTH OF STAY IN BALTIMORE 1- Yrs. Mos. Days			
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 1907	9. AGE (in years last birthday) 44 yrs.	10. UNDER 1 Year Months Days 11. UNDER 24 Hours Hours Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Coraire N.C.	
12. CITIZEN OF WHAT COUNTRY?		13. FATHER'S NAME William Hrew		14. MOTHER'S MAIDEN NAME Coraire Evans	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT Isaach Valentine 1034 Mount St.	
18. 170X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) Carcinoma of the breast DUE TO ANTECEDENT CAUSES (B) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C) II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK		21F. HOW DID INJURY OCCUR?	
22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .					
23A. SIGNATURE R. R. Fisher M.D.		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>		23C. DATE SIGNED March 23, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/30/51		24C. NAME OF CEMETERY OR CREMATORY Hickie N.C.	
24D. LOCATION (City, town, or county) (State) Hickie N.C.		24E. FUNERAL DIRECTOR Metropolitan Funeral Home Inc. 1949 Edmondson Ave.		24F. ADDRESS	
DATE RECEIVED BY LOCAL REGISTRY MAR 27 1951		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR ADDRESS	



PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

420

51 2778

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

2610

51 2778

BIRTH NO. 51-06955

Registered No.

1. NAME OF DECEASED
(Type or Print)

Baby Boy GLASS

2. DATE
OF
DEATH

March 25, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

MERCY Hosp. + CL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

MD.

B. COUNTY

C. CITY OR TOWN

BALTIMORE

D. STREET ADDRESS (If rural, give location)

444 HANSTON ST. 8-03

c. Length of stay in Baltimore

LIFE 1

5. SEX

MALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

INFANT

8. DATE OF BIRTH

March 25, 1951

9. AGE (in years
last birthday)

10 Under 1 Year
Months: Days
11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

INFANT

10B. KIND OF BUSINESS OR
INDUSTRY

INFANT

11. BIRTHPLACE (State or foreign
ry)

BALTIMORE, MD.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

GEORGE GLASS

14. MOTHER'S MAIDEN NAME

Mildred Hill

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mildred Hill

ADDRESS

SAME.

18. 773.0 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) CEREBRAL ANOXIA

DUE TO

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from March 25, 1951, to March 25, 1951, that I last saw the deceased alive on March 25, 1951, and that death occurred at 5:50 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Mary E. Mattheus

M. D.

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

March 26

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/27/51

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart of Jesus German Hill, Rd.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 27 1951

REGISTRAR'S SIGNATURE

William H. Williams

25. FUNERAL DIRECTOR

Schmuck Funeral Home Inc.

ADDRESS

2610 Z. Olive St

51 2779

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2779

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Quong

Lee

2. DATE
OF
DEATH

March 25, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Lutheran Hospital

C. Length of stay in Baltimore

abt 50

Yrs.

5. SEX

Male

6. COLOR OR RACE

Chinese

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Sep-19-1884

9. AGE (In years
last birthday)

65

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Restaurant

10B. KIND OF BUSINESS OR
INDUSTRY

Restaurant

11. BIRTHPLACE (State or foreign country)

California

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

owner

14. MOTHER'S MAIDEN NAME

not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

No

17. INFORMANT

Ruth Eng (daughter) 1838 Harlem

ADDRESS

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Hypertensive Cardio Vascular
Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley B. Durlach M.D.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

3/26/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3/29/51

24C. NAME OF CEMETERY OR CREMATORY

Lorraine

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 27 1951

VS 151

2906M

93D

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

STIS 105

51 2780

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2780

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FLORENCE HAMMOND

2. DATE
OF
DEATH

3-21-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Univ. Hosp.

c. Length of stay in Baltimore

Life

5. SEX

F

6. COLOR OR RACE

N

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOWED

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

DOMESTIC

10B. KIND OF BUSINESS OR
INDUSTRY

maid

13. FATHER'S NAME

Hose

RICH

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

B. DATE OF BIRTH

1895

9. AGE (in years
last birthday)

56

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

md

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

?

17. INFORMANT

ADDRESS

GLADYS BANKS- 2752 BAKER ST.

18. 493X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-21, 1951, to 3-21, 1951, that I last saw the
deceased alive on 3-21, 1951, and that death occurred at 10:05 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Va. Huffer

M. D.

23B. ADDRESS

Univ. Hosp.

23C. DATE SIGNED

3-22-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

3-28-51

24C. NAME OF CEMETERY OR CREMATORY

MT. CALVARY

24D. LOCATION (City, town, or county)

A. A. Co., MARYLAND

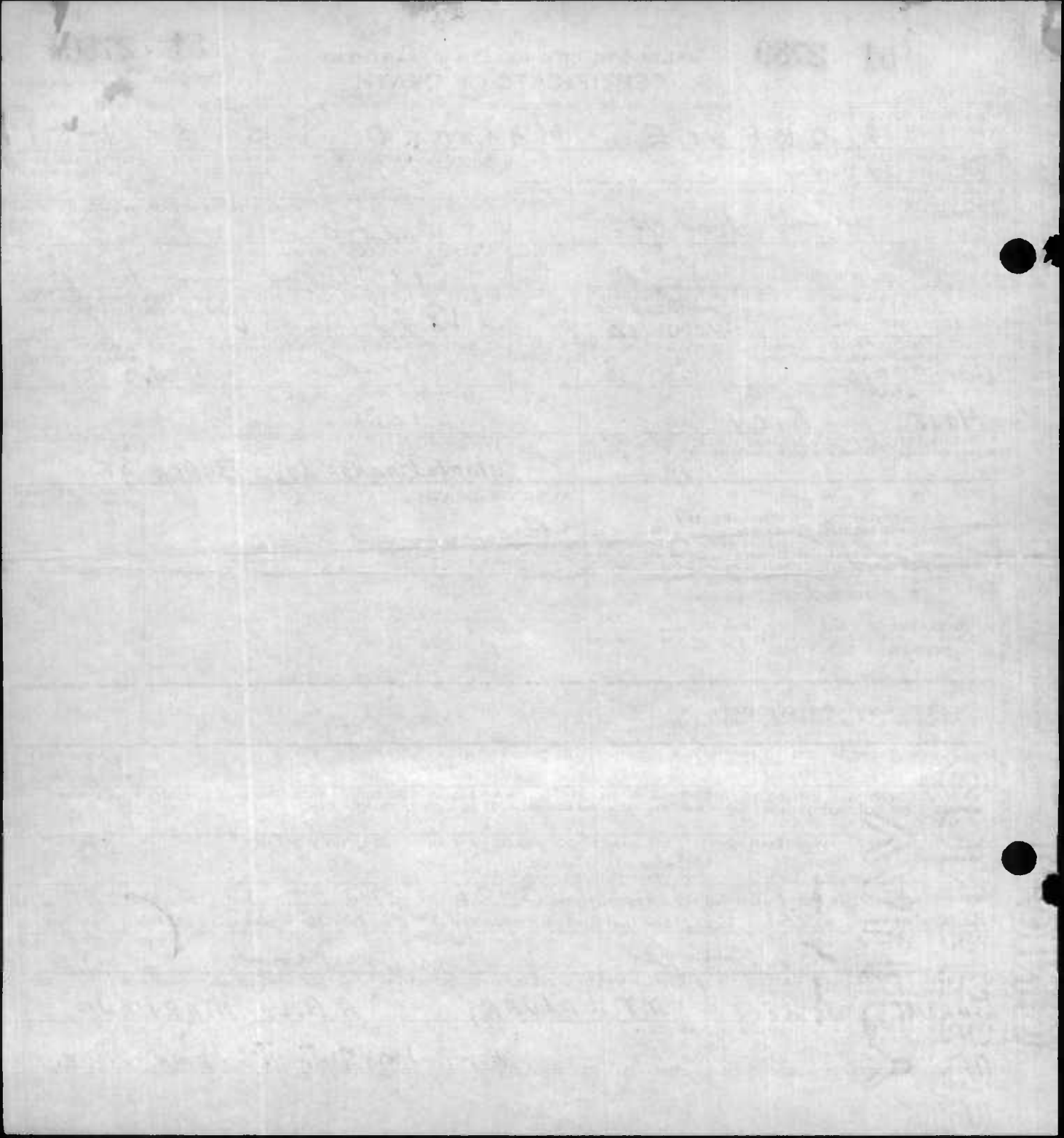
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Wm. A. JACKSON 926 PENNA. AVE.



PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

355 51 2781

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2781

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

PHILLIP

CHATMAN

2. DATE
OF
DEATH

March 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Provident Hospital

C. Length of stay in Baltimore Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Decorator

10B. KIND OF BUSINESS OR INDUSTRY

Painter

13. FATHER'S NAME

PHILLIP T. CHAPMAN SR.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Phillip T. Chapman Sr. Carrollton Ave

18. 3403

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Purulent meningitis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Partial autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

March 22, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3/27/51

Mt. Auburn Cemetery

Balto. Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Chapman & Sons 512 Carrollton Ave

V S 151

56424

81a ✓

1875

15

1875

15

RECEIVED OF THE
TREASURY DEPARTMENT
FOR THE PAYMENT OF
THE DEBT OF THE
UNITED STATES

PAID TO THE

OF THE

RECEIVED OF THE
TREASURY DEPARTMENT
FOR THE PAYMENT OF
THE DEBT OF THE
UNITED STATES

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

N-485
51 2782

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2782
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRY D. NELSON

2. DATE
OF
DEATH 3/23/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

797 W. SARATOGA ST

C. Length of stay in Baltimore LIFE

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

PORTER

10B. KIND OF BUSINESS OR
INDUSTRY

RUG COMPANY

13. FATHER'S NAME

ROBERT NELSON

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

W.W.#2

W.W.#1

16. SOCIAL
SECURITY NO.

212-05-9906 MARTHA NELSON-797 W. SARATOGA ST

17. INFORMANT

ADDRESS

18. DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

4 hrs.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar. 23, 1951, to Mar. 23, 1951, that I last saw the
deceased alive on Mar. 23, 1951, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

2530 Leona Ave.

3/26/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

25. FUNERAL DIRECTOR

ADDRESS

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

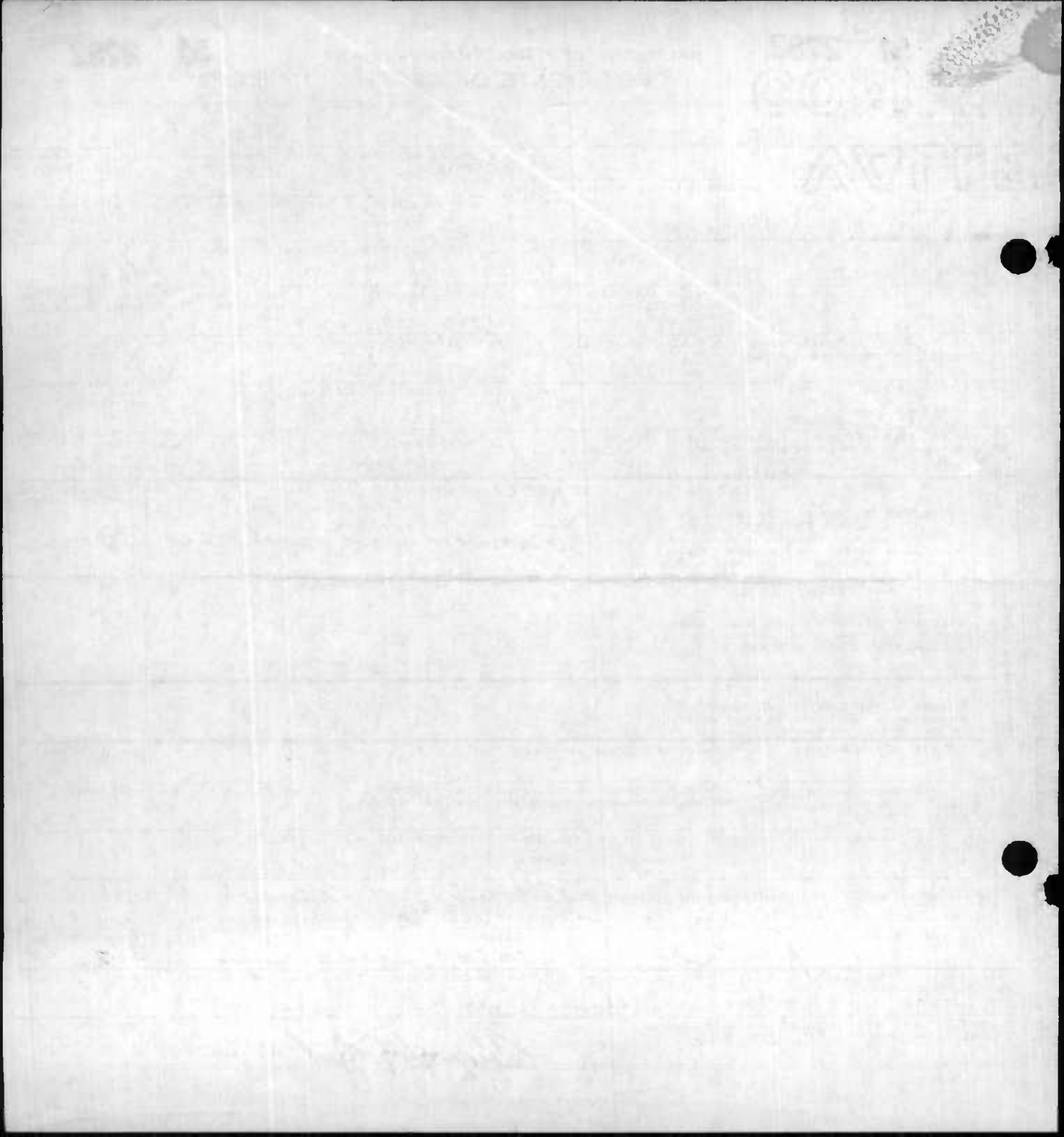
512 Carrollton Ave

VS 150

780 4D

94a

MEDICAL CERTIFICATION



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Y-520

51 2783

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2783

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Young

2. DATE
OF
DEATH

3-24-51

3. PLACE OF DEATH:

a. Baltimore City, Maryland Balto. City

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Johns Hopkins Hosp.

c. Length of stay in Baltimore

40 Yrs.

Yrs.
Mos.
Days

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore City

d. STREET ADDRESS (If rural, give location)

1022 Low Street

5. SEX

Male

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10b. KIND OF BUSINESS OR INDUSTRY

Construction

13. FATHER'S NAME

Bill

Young

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Geraldine Alston 1022 Low St

18. 490X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Lobar Pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE

William V. ...

M.D.

23b. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23c. DATE SIGNED

3-25-51

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

3/27/1951

24c. NAME OF CEMETERY OR CREMATORY

Mt Calvary Cem.

24d. LOCATION (City, town, or county)

Brooklyn Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

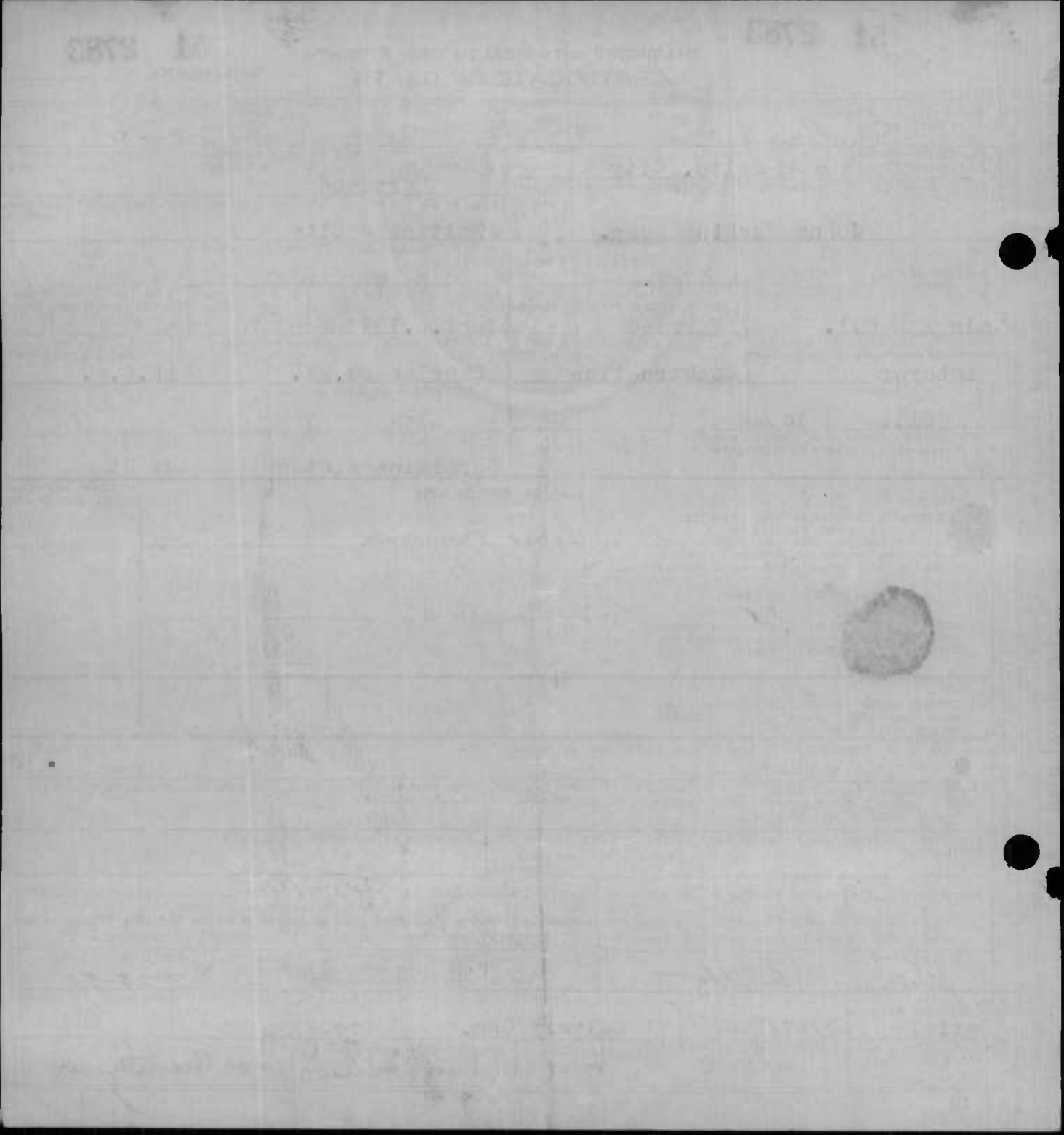
25. FUNERAL DIRECTOR

ADDRESS

Elmer O. Wilson 1000 Brantly ave

8873 10

8873 11



Q 5351 2784

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2784

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Emma Quinton (Quentin)

2. DATE
OF
DEATH

3/22/1951

3. PLACE OF DEATH

A. Baltimore City, Maryland Balto. City

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Barwilbar Home

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore City

D. STREET ADDRESS (If rural, give location)

626 N. Dallas Street

C. Length of stay in Baltimore

Life

5. SEX

Female

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

At Home

13. FATHER'S NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Lillie Johnson 626 N. Dallas St

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cardio Vascular Renal

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST(B) DUE TO
(C)

Disease - Arteriosclerosis 2y

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 5/20, 1951 to 3/22, 1951, that I last saw the deceased alive on 3/20, 1951, and that death occurred at 3 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3/27/1951

Mt Calvary Cem.

Brooklyn Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR

ADDRESS

MAR 27 1951

Eugene Wilson 1110 Brantly Ave

1875

1875

51 2785

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2785
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William C. Clark

2. DATE
OF
DEATH

3-25-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Johns Hopkins Hospital, D.O.A.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Md.

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1614 Llewellyn Avenue

Length of stay in Baltimore

Life

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

June 6, 1877

9. AGE (In years
last birthday)

73

If Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Cabinet maker

10B. KIND OF BUSINESS OR
INDUSTRY

furniture

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

Wm. J. Clark

14. MOTHER'S MAIDEN NAME

Rachael Boring

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

214-05-3481

17. INFORMANT ADDRESS

Mrs Sadie C. Schrenk

18. E 802 X 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Crushing injury of Chest

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Abdomen

(C) Amputation of left Arm

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

R.R. Overpass

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

Penn. R.R. Tracks Gay & Preston 8/7

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

3 - 25-51 A. m.

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Runover by Railroad Train

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Smith

23B. CHIEF MEDICAL EXAMINER.....

M.D.

ASSISTANT MEDICAL EXAMINER.....

23C. DATE SIGNED

3-25-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

3/27/51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 27 1951

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

Baltimore, Md.

2878

10

2878

10

RECEIVED

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PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

L532 51 2786				BALTIMORE CITY HEALTH DEPARTMENT		Registered No. 51 2786	
BIRTH NO.						CERTIFICATE OF DEATH	
1. NAME OF DECEASED (Type or Print) HAYWARD, LINDSAY				2. DATE OF DEATH 3/24/51			
3. PLACE OF DEATH: A. Baltimore City, Maryland 1514 Division St.				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE md. B. COUNTY _____			
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
D. Length of stay in Baltimore				E. STREET ADDRESS (If rural, give location) 1615 McCulloh		14-02	
5. SEX Male	6. COLOR OR RACE Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single		8. DATE OF BIRTH Sept. 15, 1892	9. AGE (In years last birthday) 58	10 Under 1 Year Months: Days	11 Under 24 Hours Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chauffeur		10B. KIND OF BUSINESS OR INDUSTRY Keynote Motels		11. BIRTHPLACE (State or foreign country) Somerset Co. Va.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME not stated				14. MOTHER'S MAIDEN NAME not stated			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (Yes, no or unknown)		16. SOCIAL SECURITY NO. 218-07-7072		17. INFORMANT ADDRESS Moser Waters (friend) 1615 McCulloh St.			
18. 592x DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Ch. Glomerulonephritis DUE TO ANTECEDENT CAUSES (B) Uremia DUE TO (C) _____ OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.				INTERVAL BETWEEN ONSET AND DEATH			
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 3/23/51 , 19 51 , to 3/24 , 19 51 , that I last saw the deceased alive on 3/24 , 19 51 , and that death occurred at 11 P. m. , from the causes and on the date stated above.							
23A. SIGNATURE John H. Holmes III				23B. ADDRESS Provident Hosp.		23C. DATE SIGNED 3/26/51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Mar. 28, 1951		24C. NAME OF CEMETERY OR CREMATORY Baltimore National		24D. LOCATION (City, town, or county) (State) Baltimore, Md.	
DATE RECEIVED BY LOCAL REGISTRAR MAR 27 1951		REGISTRAR'S SIGNATURE Anthony J. Williams		25. FUNERAL DIRECTOR Charles R. Lewis		ADDRESS 102 Madison Ave.	

1925

THE TRADING COMPANY, INC.
100 N. BROAD ST.
NEW YORK, N. Y.

Dear Sirs:

I have the honor to acknowledge the receipt of your letter of the 10th inst. in relation to the above.

I am sorry to hear that you are having trouble with the machine. I will be glad to send you a new one if you wish.

I am, Sir, very respectfully,
Yours truly,
J. B. Smith

Enclosed for you are the following items:

1. A new machine of the same type as the one you returned.

2. A set of instructions for the operation of the machine.

3. A set of instructions for the repair of the machine.

I am, Sir, very respectfully,
Yours truly,
J. B. Smith

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-240

51 2787

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2787
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GRACE

BASSIL

2. DATE
OF
DEATH

March 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Mercy Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1706 Brentwood Avenue

12-05

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

WIDOW

8. DATE OF BIRTH

?-?-1898

9. AGE (In years
last birthday)

53

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

DOMESTIC

10B. KIND OF BUSINESS OR
INDUSTRY

PRIVATE

11. BIRTHPLACE (State or foreign country)

VA.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

ROBERT Hill

14. MOTHER'S MAIDEN NAME

GRACE ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL
SECURITY NO.

NONE

17. INFORMANT

ELSIE BASSIL - BARCLAY ST.

1717 -

ADDRESS

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) For Advanced Pulmonary Tbc,

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William Wood

23B. CHIEF MEDICAL EXAMINER ☐

ASSISTANT MEDICAL EXAMINER ☒

23C. DATE SIGNED

3-21-51

M.D.

MEDICAL INVESTIGATOR ☐

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Mar 27

24C. NAME OF CEMETERY OR CREMATORY

St. Calvary

24D. LOCATION (City, town, or county)

Cedar Hill

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 27 1951

1951 10 10

W. A. Walstead - 918 -

VS 151

7208A

Almond Hill ave.

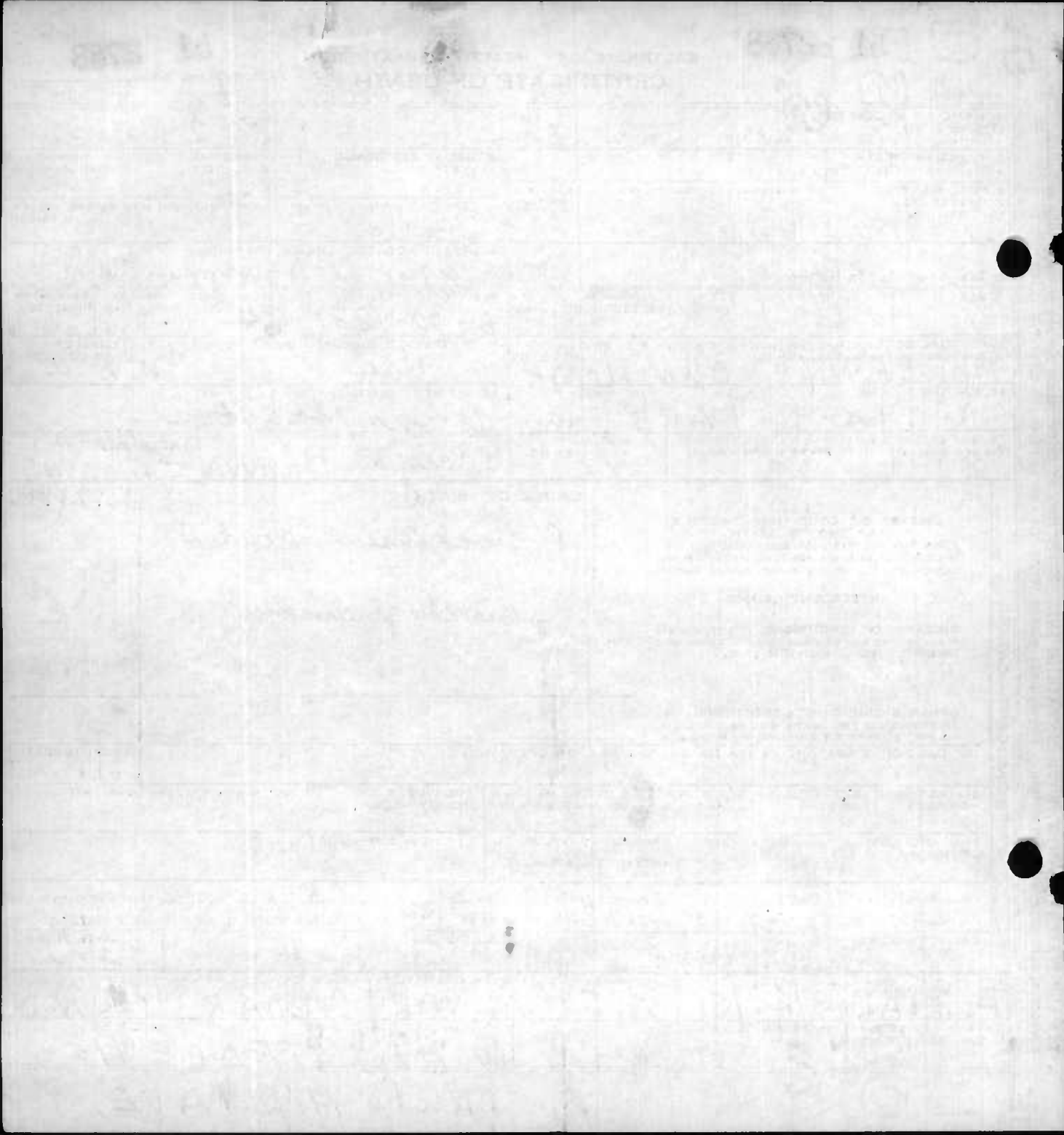
13B

21 2787

21 2787

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

<p style="font-size: 24pt; margin: 0;">51 2788</p> <p style="font-size: 24pt; margin: 0;">J-525</p>		<p style="font-size: 12pt; margin: 0;">BALTIMORE CITY HEALTH DEPARTMENT</p> <p style="font-size: 18pt; margin: 0;">CERTIFICATE OF DEATH</p>		<p style="font-size: 24pt; margin: 0;">51 2788</p> <p style="font-size: 12pt; margin: 0;">Registered No.</p>	
BIRTH NO.					
1. NAME OF DECEASED (Type or Print) <i>Mary Johnson</i>			2. DATE OF DEATH <i>3-25-51</i>		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <i>MD.</i> B. COUNTY <i>BALTO.</i>		
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>Univ Hosp</i>			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Balto</i>		
D. STREET ADDRESS (If rural, give location) <i>676 W. Fairmount Ave</i>			E. Length of stay in Baltimore Yrs. Mos. Days		
5. SEX <i>F</i>	6. COLOR OR RACE <i>C</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>6-20-1881</i>	9. AGE (in years, last birthday) <i>69</i> If Under 1 Year: Months: Days If Under 24 Hours: Hours: Min.	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>HOUSEWIFE</i>			10B. KIND OF BUSINESS OR INDUSTRY <i>OWN HOME</i>		
11. BIRTHPLACE (State or foreign country) <i>Cal.</i>			12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>		
13. FATHER'S NAME <i>RICHARD PARKER.</i>			14. MOTHER'S MAIDEN NAME <i>Ann Brafton</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>no</i>			16. SOCIAL SECURITY NO. <i>no</i>		
17. INFORMANT <i>Mary B. BROWN-FAIRMONT</i>			ADDRESS <i>676-W.</i>		
18. <i>331X</i> CAUSE OF DEATH					
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) (A) <i>Cerebral Vascular Accident</i> DUE TO					
ANTECEDENT CAUSES (B) <i>Brachopneumonia</i> DUE TO					
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (C)					
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>3-23</i> , 19 <i>51</i> , to <i>3-25</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>3-25</i> , 19 <i>51</i> , and that death occurred at <i>5:00</i> a.m., from the causes and on the date stated above.					
23A. SIGNATURE <i>Arthur J. Hoge</i>		23B. ADDRESS <i>Univ. Hosp.</i>		23C. DATE SIGNED <i>3-25-51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE <i>3/28/51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>MT. CALVARY CEDAR HILL M.O.</i>	
24D. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S ADDRESS <i>W. H. A. STEAD - 918 - DRUID HILL AVE, 83a</i>			
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 27 1951</i>		REGISTRAR'S SIGNATURE <i>W. H. A. STEAD</i>		25. FUNERAL DIRECTOR'S ADDRESS	



PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

4-100

51 2789

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2789

Registered No.

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

ALEXANDER

LOBAY

2. DATE

OF

DEATH March 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Johns Hopkins Hospital

Yrs.

Mos.

Days

Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

NOT KNOW

9. AGE (in years last birthday)

54

10. Under 1 Year Months Days

11. Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

LABORER

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

RUSSIAN

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

M. LOBAY

14. MOTHER'S MAIDEN NAME

NOT KNOW

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

212-10-1514

17. INFORMANT

ADDRESS

K. LOBAY 32 S. HIGH ST.

18. 581.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cirrhosis of liver

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive arteriosclerotic cardiovascular disease
(C) Old Subdural hemorrhage

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

William V. Smith

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

M.D.

23C. DATE SIGNED

March 24, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

MARCH 28-51

24C. NAME OF CEMETERY OR CREMATORY

HOLY TRINITY RUSSIAN

24D. LOCATION (City, town, or county)

ELK RIDGE MD.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

J. G. Libbanchuk Jr. 1905 E. Pratt St.

V S 151

97099

124 B ✓

8753

8753

16

CERTIFICATE OF DEATH



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2790

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2790
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Henry Bernhardt

2. DATE
OF
DEATH

March 25, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

Ban Secours Hospital

C. Length of stay in Baltimore

Life 61

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

12/27/89

9. AGE (in years
last birthday)

61

If Under 1 Year
Months: Days

3

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Body Maker

10B. KIND OF BUSINESS OR
INDUSTRY

National Car

13. FATHER'S NAME

Phillip Bernhardt

(M)

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

215-09-6274

17. INFORMANT

ADDRESS

Mary Bernhardt 2006 Eastern Ave

18. 578X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Pericarditis

DUE TO

post-operative gastroecomy

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

3/22/51

19B. MAJOR FINDINGS OF OPERATION

Pericarditis Gastro-Enterostomy

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from 3/16 1951, to 3/25 1951, that I last saw the
deceased alive on 3/24 1951, and that death occurred at 5:45 m., from the causes and on the date stated above.

23A. SIGNATURE

Frank G. Farnio M. D.

23B. ADDRESS

Ban Secours Hosp

23C. DATE SIGNED

3/25/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Mar. 28, 1951

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross

24D. LOCATION (City, town, or county) (State)

A. A. Co.

Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 27 1951

Wm. S. Zibrowski 2007 Eastern Ave

VS 150

690 3D

118

MEDICAL CERTIFICATION

PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2791		BALTIMORE CITY HEALTH DEPARTMENT		51 2791	
BIRTH NO. 50-15272		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print) <i>Claudia Smidt</i>			2. DATE OF DEATH <i>Mar 26 1951</i>		
3. PLACE OF DEATH: a. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Md</i> B. COUNTY		
b. FULL NAME OF HOSPITAL OR INSTITUTION <i>JOHNS HOPKINS HOSPITAL</i>			c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore</i>		
c. Length of stay in Baltimore Yrs. Mos. Days			d. STREET ADDRESS (If rural, give location) <i>2408 Fleet St 103</i>		
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH <i>3/14/50</i>	
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		9. AGE (In years last birthday) <i>1</i>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <i>Frank Smidt</i>		14. MOTHER'S MAIDEN NAME <i>Genevieve Buczkowski</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT <i>JOHNS HOPKINS HOSPITAL</i>		ADDRESS	
18. <i>501X</i> CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) <i>Laryngo tracheo bronchitis</i> DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION <i>0</i>			19b. MAJOR FINDINGS OF OPERATION		
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
21a. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Mar. 24, 1951</i> to <i>Mar 26, 1951</i> that I last saw the deceased alive on <i>Mar 26, 1951</i> , and that death occurred at <i>9 45 A.</i> m., from the causes and on the date stated above.					
23a. SIGNATURE <i>Henry M. Seidel</i>		23b. ADDRESS <i>JOHNS HOPKINS HOSPITAL</i>		23c. DATE SIGNED <i>3-26-51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>3/28/51</i>		24c. NAME OF CEMETERY OR CREMATORY <i>St. Stanislaus</i>	
24d. LOCATION (City, town, or county) (State) <i>Baltimore, Maryland</i>		24e. FUNERAL DIRECTOR <i>Mr. F. Schuchman</i>		24f. ADDRESS <i>1808 Eastern Ave</i>	
25. RECEIVED BY LOCAL REGISTRAR <i>Med. Ex. Sec. To be approved</i>					

DO NOT WRITE IN THESE SPACES
1873
CHIEF OF POLICE
CHIEF OF POLICE

NOT A MEDICAL EXAMINER'S CASE
R. Fisher M.D.
CHIEF OR ASST. MEDICAL EXAMINER

correct age is especially important. Physicians: please write the causes of death clearly and legibly. The correct age is especially important. Every item of information should be carefully supplied.

51 2792

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2792

Registered No.

BIRTH NO. F-621

1. NAME OF DECEASED (Type or Print) Joseph O. Frisby			2. DATE OF DEATH 3/25/51		
3. PLACE OF DEATH: A. Baltimore City, Maryland			4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Maryland B. COUNTY U.S.		
B. FULL NAME OF HOSPITAL OR INSTITUTION Bon Secours Hospital			C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore		
Length of stay in Baltimore 58 yrs.			D. STREET ADDRESS (If rural, give location) 4906 Cordelia Ave.		
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 2/1/93	9. AGE (In years last birthday) 58 yrs	10. Under 1 Year Months: Days Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk		10B. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) Maryland	
13. FATHER'S NAME George Frisby			12. CITIZEN OF WHAT COUNTRY? Maryland		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) no			14. MOTHER'S MAIDEN NAME Mary Dixon		
16. SOCIAL SECURITY NO. no			17. INFORMANT ADDRESS Mrs. Esther P. Frisby - 4906 Cordelia Ave		
18. 470.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Cerebral Embolism DUE TO ANTECEDENT CAUSES (B) Myocardial infarction DUE TO (C) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.					
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/9/51 , 19__, to 3/25/51 , 19__, that I last saw the deceased alive on 3/24/51 , 19__, and that death occurred at 7:40 a.m. from the causes and on the date stated above.					
23A. SIGNATURE W. J. S. S.		23B. ADDRESS 100 N Secours Hosp		23C. DATE SIGNED 3-25-51	
24A. BURIAL, CREMATION, REMOVAL (Specify) Entombment		24B. DATE 3/28/51		24C. NAME OF CEMETERY OR CREMATORY Lorraine Park Cem.	
24D. LOCATION (City, town, or county) (State) Woodlawn, Md.		25. FUNERAL DIRECTOR Wm. J. S. S.		ADDRESS Balto	
DATE RECEIVED BY LOCAL REGISTRAR MAR 27 1951		REGISTRAR'S SIGNATURE Wm. J. S. S.		39050	

[Faint, illegible text spanning the main body of the page, likely bleed-through from the reverse side.]

B-530

51 2793

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2793

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

KATE HINDS BENNETT

2. DATE
OF
DEATH

March 26, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

2601 Roslyn Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

13. FATHER'S NAME

Wm. S. Hinds

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

202 St. Dunstons Rd.

27-12

8. DATE OF BIRTH

Sept. 26, 1858

9. AGE (In years last birthday)

92

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Emily Barrow

17. INFORMANT

ADDRESS

Mrs. Alice B. Pollard - 202 St. Dunstons Rd

18. 490X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)(A) *Acute congestive cardiac failure*
DUE TOINTERVAL BETWEEN ONSET AND DEATH
2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Arteriosclerosis -*
DUE TO
(C) *Lobar pneumonia*

30 days

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-21-1951, to 3-26-1951, that I last saw the deceased alive on 3-26-1951, and that death occurred at 6:30 m., from the causes and on the date stated above.

23A. SIGNATURE

M. D.

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/28/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

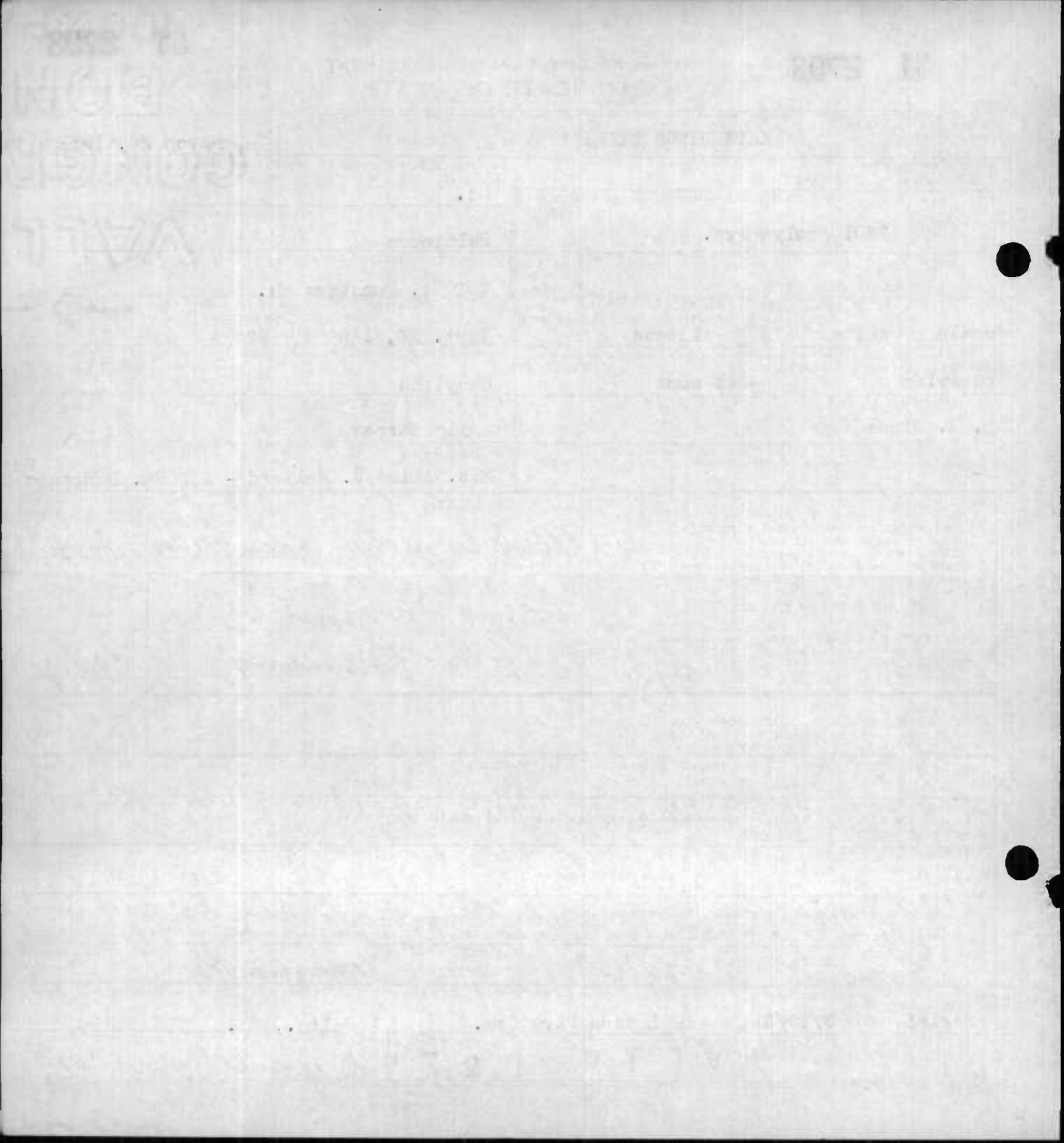
25. FUNERAL DIRECTOR

ADDRESS

MAR 27 1951
VS 15022 m. J. G. Pickner & Sons - Balto Md.
108

correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE IN INK, WITH OBLIQUE INK. NEVER REUSE INFORMATION FROM AN EARLIER SUPPLIED. THE

MEDICAL CERTIFICATION



PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B 100

51 2794

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2794

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Charles Beebe

2. DATE
OF
DEATH

March 26, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3507 Harford Rd.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

George A. Beebe

14. MOTHER'S MAIDEN NAME

Carrie A. Brokaw

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Myocardial Infarction

14 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 3-26, 1951 to 3-26, 1951, that I last saw the deceased alive on 3-26, 1951, and that death occurred at 8:35 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Roe E Wells

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3-26-51

24X. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

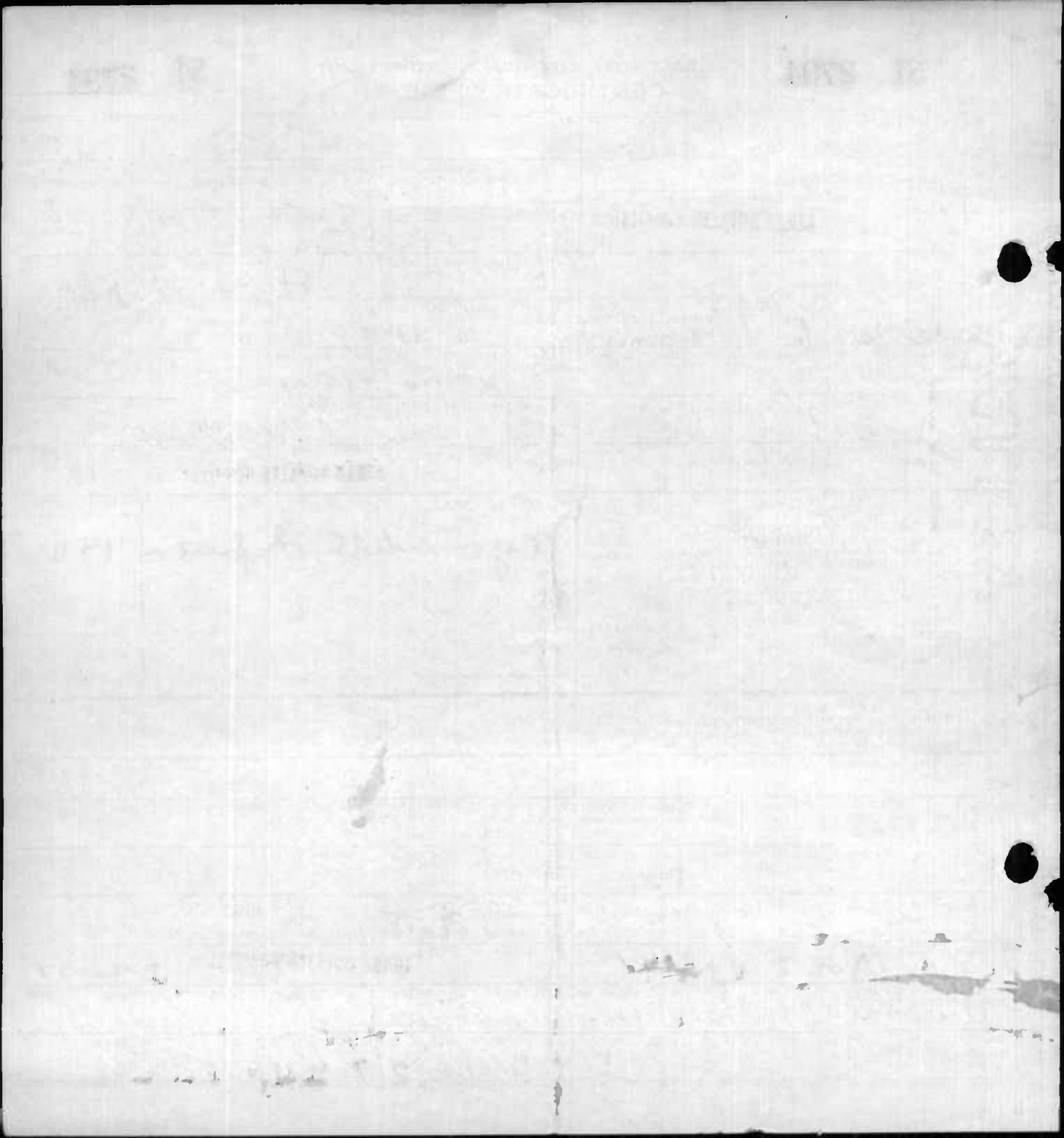
24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2795

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2795

BIRTH NO.

1. NAME OF DECEASED (Type or Print)		HENRY EDWARD GUOLD, Jr.		2. DATE OF DEATH March 23, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore 2-02	
5. Length of stay in Baltimore 31 years				D. STREET ADDRESS (If rural, give location) 222 S. Wolfe St.	
5. SEX Male	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH Dec-5-1896	9. AGE (In years last birthday) 54	10. Under 1 Year Months Days
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Government Post Office			11. BIRTHPLACE (State or foreign country) Summerville, Mass.		
13. FATHER'S NAME Henry Edward Guold, Sr.			14. MOTHER'S MAIDEN NAME Lottie Dowling Guold		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) Yes War - #1-			16. SOCIAL SECURITY NO.		
17. INFORMANT			ADDRESS		

18. 4221 DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Arteriosclerotic Cardiovascular Disease	CAUSE OF DEATH (A) DUE TO	INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. (B) DUE TO	(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		

19A. DATE OF OPERATION	19B. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE R. S. Fisher	23B. CHIEF MEDICAL EXAMINER..... <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> M.D. MEDICAL INVESTIGATOR..... <input type="checkbox"/>	23C. DATE SIGNED March 23, 1951
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/27/51	24C. NAME OF CEMETERY OR CREMATORY Baltimore National
24D. LOCATION (City, town, or county) (State) Baltimore Md.	24E. DATE RECEIVED BY LOCAL REGISTRAR MAR 27 1951	24F. REGISTRAR'S SIGNATURE [Signature]
24G. FUNERAL DIRECTOR [Signature]	24H. ADDRESS [Address]	

390 90 403. E-25th St (18)

2075 12

2075 12



51 2796

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2796

Registered No. _____

BIRTH NO. F-600

1. NAME OF DECEASED (Type or Print) <i>Richard Augustus Fry</i>		2. DATE OF DEATH <i>March 26, 1951</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) A. STATE <i>Maryland</i> B. COUNTY _____	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>1814 M^c Culloh St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 14-03</i>	
c. Length of stay in Baltimore <i>58 yrs.</i>		D. STREET ADDRESS (If rural, give location) <i>1814 M^c Culloh St.</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>Colored</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Oct. 31, 1873</i>
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>Private</i>	9. AGE (In years last birthday) <i>77</i>
11. BIRTHPLACE (State or foreign country) <i>Maryland</i>		12. CITIZEN OF WHAT COUNTRY <i>USA</i>	
13. FATHER'S NAME <i>Richard Fry</i>		14. MOTHER'S MAIDEN NAME <i>Ann Louisa Charms</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) _____		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <i>Mrs. Maude E. Fry</i>		ADDRESS <i>1814 M^c Culloh St.</i>	

18. <i>442x</i>	CAUSE OF DEATH	INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)	<i>Barbed Vascular Renal Disease</i>	
ANTECEDENT CAUSES		
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		
II		
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	<i>Influenza</i>	

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Mar 3, 1951</i> to <i>Mar 23, 1951</i> , that I last saw the deceased alive on <i>Mar 25, 1951</i> , and that death occurred at <i>3 A</i> m., from the causes and on the date stated above.					
23A. SIGNATURE <i>S. B. Hughes</i>		23B. ADDRESS <i>1413 57th Ave</i>		23C. DATE SIGNED <i>Mar 26/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3/29/1951</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Piney Grove</i>	
24D. LOCATION (City, town, or county) <i>Boring, Ind.</i>		24E. FUNERAL DIRECTOR <i>Waller Funeral Home</i>		24F. ADDRESS <i>1634 Grand Hill Ave.</i>	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR	

51 2797

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2797

Registered No.

BIRTH NO. C-45-3

1. NAME OF DECEASED
(Type or Print)

Carrie M. Clinton

2. DATE
OF
DEATH

March 24, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

1710 N. Fulton Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto.

D. STREET ADDRESS (If rural, give location)

1710 N. Fulton Ave

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

C

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

1872

9. AGE (in years last birthday)

78

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

James Monroe

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

na

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

none

17. INFORMANT

ADDRESS

Maude E. Parron 1710 N. Fulton Ave.

18. 4222 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

3 wks

8 wks

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT ☐

WORK

NOT WHILE ☐

AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1/15, 1951, to 3/24-51, that I last saw the deceased alive on 3-24-51, and that death occurred at 4:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/28/51

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county)

Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 27 1951

Geo. G. Kelson 1303 Presstman St.

Geo. G. Kelson

932-

The correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be taken from the original source.

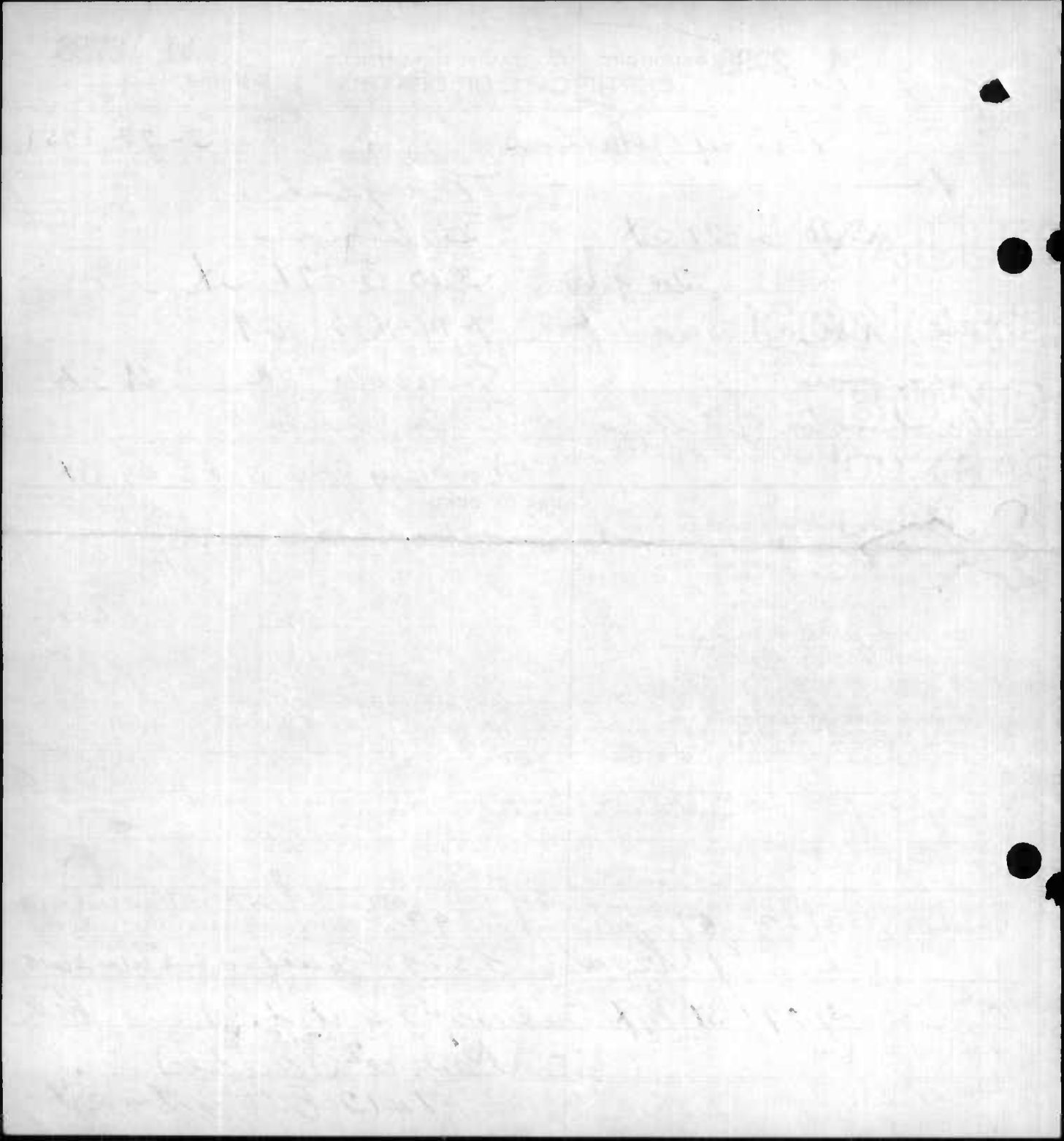
MEDICAL CERTIFICATION

1603 n. caroline st

PLEASE WRITE IN INK. Every item of information should be clearly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

51 2798		BALTIMORE CITY HEALTH DEPARTMENT		51 2798	
P. 412		CERTIFICATE OF DEATH		Registered No.	
1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH		3-22-1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)		Maryland	
B. FULL NAME OF HOSPITAL OR INSTITUTION		C. CITY OR TOWN		Baltimore	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location)		320 E. 21 St	
5. SEX		6. COLOR OR RACE		7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	
Male		Col.		Married	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10B. KIND OF BUSINESS OR INDUSTRY		8. DATE OF BIRTH	
Labourer		General		7-14-1882	
11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?		9. AGE (In years last birthday)	
Washington Phillips		USA		69	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME		11 Under 1 Year Months: Days Hours: Min.	
Washington Phillips		Ellen Phillips			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT ADDRESS	
(If yes, give war or dates of service)				Mrs Mary Jones 320 E. 21 St	
18. 331X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		(A) ...		6 hrs.	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(B) ...			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		(C) ...			
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 3/14/51, to 3/22/51, that I last saw the deceased alive on 3/22/51, and that death occurred at 9 a.m., from the causes and on the date stated above.					
23A. SIGNATURE		23B. ADDRESS		23C. DATE SIGNED	
Louis A. Jones		2329. Jefferson		Mar 26/51	
24A. BURIAL, CREMATION, REMOVAL (Specify)		24B. DATE		24C. NAME OF CEMETERY OR CREMATORY	
Burial		3/27/51		Mt Calvary Em A.A.W	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR ADDRESS	
		[Signature]		95 Bayner Sanders 83a	
MAR 27 1951					
97099 1412 E. Preston St					



51 2799

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2799
Registered No.

BIRTH NO.

B-500

1. NAME OF DECEASED
(Type or Print)

William C. Bowen

2. DATE
OF
DEATH

3/25/51 6 a.m.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1437 Covington st

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9/17/1892

9. AGE (In years
last birthday)

58

If Under 1 Year
Months: Days

6 8

If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Delivery Clerk

10B. KIND OF BUSINESS OR
INDUSTRY

Fidelity Warehouse Co

13. FATHER'S NAME

William Bowen

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

14. MOTHER'S MAIDEN NAME

Jennie Rawlins

17. INFORMANT

ADDRESS

18.

157X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Metastatic Carcinoma

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

of liver -

DUE TO

(C)

Origin; ? Pancreas ? Unknown

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from 3/4/51, 19, to 3/25/51, 19, that I last saw the
deceased alive on 3/25/51, 19, and that death occurred at 6:55 a.m., from the causes and on the date stated above.

23. SIGNATURE

Denis J. McGrath

M. D.

23B. ADDRESS

1. E. Randall Sr

23C. DATE SIGNED

3/26/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/28/51

24C. NAME OF CEMETERY OR CREMATORY

Asbury Methodist

24D. LOCATION (City, town, or county)

Calvert Co. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 150

39053

2796

46g

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

PLEASE WRITE FULLY, WITH UNFADING INK. correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

51 2800

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2800
Registered No.

BIRTH NO.

51-64660

1. NAME OF DECEASED
(Type or Print)

Baby Boy KESSLER

2. DATE
OF
DEATH

March 26, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

BALT. MORE

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

MERCY Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

711 RICHWOOD AVE. 27-10

c. Length of stay in Baltimore

LIFE 6

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Infant

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

8. DATE OF BIRTH

March 18, 1951

9. AGE (in years, last birthday)

8 2 21

11. BIRTHPLACE (State or foreign country)

BALT. MORE, MD.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

CHARLES KESSLER

14. MOTHER'S MAIDEN NAME

BETHE REGER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

BETHE REGER

ADDRESS

SAME

18. 776 X I

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A)

Prematurity - Immaturity

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

6 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from March 18, 1951, to March 26, 1951, that I last saw the deceased alive on March 26, 1951, and that death occurred at 6:50 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Mary E. Mollath

23B. ADDRESS

Mercy Hospital

23C. DATE SIGNED

March 26, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

3/28/51

24C. NAME OF CEMETERY OR CREMATORY

Prospect Hill

24D. LOCATION (City, town, or county)

Towson Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

William H. Williams

25. FUNERAL DIRECTOR

Wm. Coolidge

ADDRESS

927 St. Paul St.

STATE OF NEW YORK

IN SENATE,
January 1, 1880.
REPORT
OF THE
COMMISSIONERS OF THE
LAND OFFICE,
IN ANSWER TO A
RESOLUTION PASSED
BY THE SENATE,
MAY 1, 1879.
ALBANY:
J. B. LIPPINCOTT & CO.,
PRINTERS,
1880.

51 2801

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2801

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edwin Rudolph

RI ME

2. DATE
OF
DEATH

March 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF

HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

East End Hotel

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5 N. Exter St.

Exter 5-01

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

12/5/1877

9. AGE (In years

last birthday)

73

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Cargo Tender

10B. KIND OF BUSINESS OR
INDUSTRY

Eastern Trans. Co.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Andrew Rimmer

14. MOTHER'S MAIDEN NAME

Anna Hentze

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Marie Munnaw 3227 Clifmont Ave

18. 450.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Generalized arteriosclerosis

ANTECEDENT CAUSES

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. S. Fisher

23B. CHIEF MEDICAL EXAMINER.....☒ASSISTANT MEDICAL EXAMINER.....☐MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

March 23, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3/28/51

24C. NAME OF CEMETERY OR CREMATORY

Sacred Heart

24D. LOCATION (City, town, or county)

(State)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

W. B. B. Inc. 1217 St. Paul St.

PLEASE PRINT FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

C-234

51 2802

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2802

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ROBERTA CASTLE

2. DATE
OF
DEATH

MAR 27 51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

OSL-3

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: Residence

A. STATE

MARYLAND

B. COUNTY

Prince George's

C. CITY OR TOWN

LAUREL

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS, (If rural, give location)

High Ridge PARK

6697

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

1-1-28

9. AGE (In years

last birthday)

23

If Under 1 Year

Months Days

If Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md (Savage)

12. CITIZEN OF WHAT COUNTRY?

US

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Bertha Wines

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 430.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) chronic nephritis with uremia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

(B) Bacterial Endocarditis.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) (Minute)

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 1-23-1951, to 3-27-1951, that I last saw the deceased alive on 3-27-1951, and that death occurred at 1:15 A.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3/27/51

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

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correct age is especially important. Physicians: please write the causes of death clearly and legibly. The

168 51 2803

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2803
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Flora E. Pfeifer

2. DATE
OF
DEATH

3/26/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland ✓

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

South Baltimore General Hospital

Yrs.
Mos.
Days

Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

4/15/1894

9. AGE (In years
last birthday)

56

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Seamstress

10B. KIND OF BUSINESS OR
INDUSTRY

Schoen-Russell Inc.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Gustav Pfeifer

14. MOTHER'S MAIDEN NAME

Johanna Meier

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

213-03-5984

17. INFORMANT

ADDRESS

Miss Frieda Pfeifer - 920 Wash. Blvd.

18. 153X I

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH Intestinal obstruction.

(A)

QUE TO

(B)

DUE TO

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

INTERVAL BETWEEN
ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

3-17-51

19B. MAJOR FINDINGS OF OPERATION

Perforation sigmoid colon, peritonitis

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-17, 1951, to 3-26, 1951, that I last saw the
deceased alive on 3-25, 1951, and that death occurred at 8:05 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Seng-ho Tan

23B. ADDRESS

M. O. 1213 Light Street

23C. DATE SIGNED

3/26/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/29/51

24C. NAME OF CEMETERY OR CREMATORY

Western Cemetery Balto. Md.

24D. LOCATION (City, town, or county)

Balto. Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Geo. E. Beyers 1512 Hollins St

1885

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PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

S-455

51 2804

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2804

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

ANNE ELIZABETH SELLMAN

2. DATE
OF
DEATH

March 25, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR

INSTITUTION

1731 Bolton Street

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1731 Bolton St.

14-01

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

10. Under 1 Year
Months Days

11. Under 24 Hours
Hours Min.

female

white

single

Feb 3, 1863

88

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

never employed

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Richard Sellman

14. MOTHER'S MAIDEN NAME

Evelnia Mary Dorsey

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Md.

Mr. O. Bowie Duckett - Munsey Bldg. Balto.

18. *Yrs. 1*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

*Caustic ingestion of ~~potassium~~ ~~iodine~~
myocardial infarction
Arteriosclerosis
myocarditis*

INTERVAL BETWEEN
ONSET AND DEATH

2-4 days

gradual

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

22. I hereby certify that I attended the deceased from *July 1948* to *Mar 25, 1951*, that I last saw the
deceased alive on *3-25, 1951*, and that death occurred at *5:15 P. M.* from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

3/28/51

Stanns Cem.

Annapolis, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 27 1951

William H. Williams

Wm. J. Dickens & Sons - Balto

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51 2805

BALTIMORE CITY HEALTH DEPARTMENT

51 2805

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

R-163

1. NAME OF DECEASED
(Type or Print)

Carolyn Roberts

2. DATE
OF
DEATH

3/26/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1425-Penna. Ave.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1425-Penna. Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F.

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

?-?-1948

9. AGE (In years,

last birthday)

10. Under 1 Year

Months; Days

11. Under 24 Hours

Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Child

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Joseph Roberts Jr.

14. MOTHER'S MAIDEN NAME

Lottie Roberts - 1425-Penna. Ave.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

18. 491X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Broncho pneumonia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21a. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21e. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/24, 1951, to 3/26, 1951, that I last saw the deceased alive on 3/25, 1951, and that death occurred at 3 A.M., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 27 1951

Wm. J. Williams

W. J. Williams

VS 150

107

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

●

Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2806

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mox *Schneiderman*

2. DATE
OF
DEATH

3-26-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Sinai Hospital

C. Length of stay in Baltimore

5. SEX

m

6. COLOR OR RACE

w

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

pauper, retired

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

unknown

16. SOCIAL SECURITY NO.

unknown

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

510 N Patterson Pt

8. DATE OF BIRTH

63?

9. AGE (In years last birthday)

63?

11 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF WHAT COUNTRY?

Russia

14. MOTHER'S MAIDEN NAME

Ida Breina (Russia)

17. INFORMANT ADDRESS

Rose Wooster 69-10 Yellowstone Blvd. Queens, N. Y.

18. *157X I*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Bronchopneumonia*
DUE TO *Shock*

33 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Carcinoma of Pancreas*

DUE TO *Gangrene of small intestine*

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3-25*, 19*51*, to *3-26*, 19*51*, that I last saw the deceased alive on *3-26*, 19*51*, and that death occurred at *12:10 P. M.*, from the causes and on the date stated above.

23A. SIGNATURE

Frank R. Kuter

23B. ADDRESS

Sinai Hospital

23C. DATE SIGNED

3-27-51

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

Removal

24B. DATE

3-27-51

24C. NAME OF CEMETERY OR CREMATORY

Wellswood Cem.

24D. LOCATION (City, town, or county) (State)

Kinlawton, Long Island N. Y.

DATE RECEIVED BY LOCAL REGISTRAR

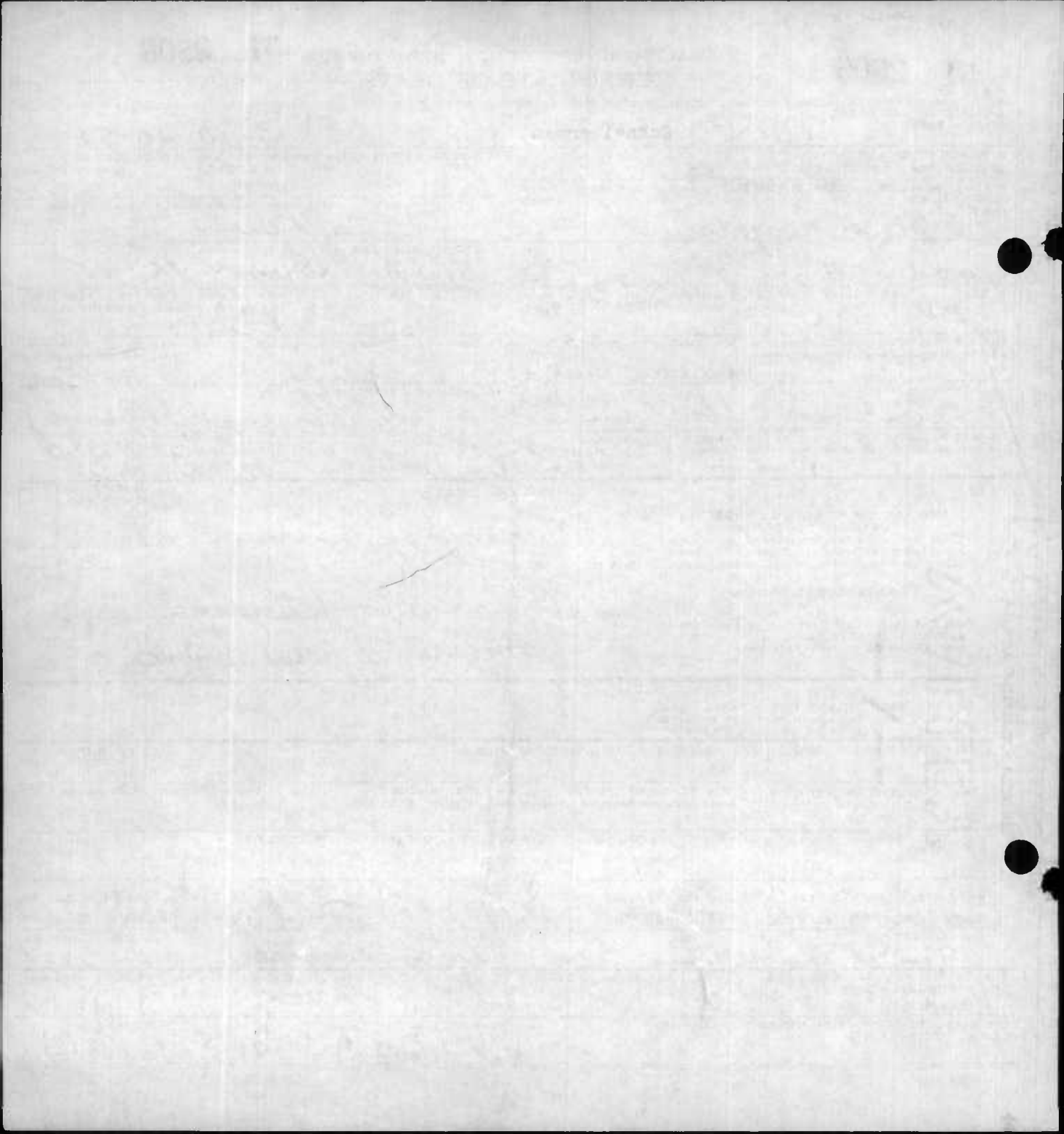
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

Wm. Goodale, 1217 St. Paul St (2)

ADDRESS

Wm. Goodale, 1217 St. Paul St (2)



PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

51 2807
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) EARL CAMPBELL		2. DATE OF DEATH March 24, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland Balto City		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY Baltimore	
B. FULL NAME OF HOSPITAL OR INSTITUTION Johns Hopkins Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
D. Length of stay in Baltimore 3 yrs.		E. STREET ADDRESS (If rural, give location) 12 Irving Place	
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 12, 1897
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Border Maker		10B. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) 52
13. FATHER'S NAME Joseph Campbell		12. CITIZEN OF WHAT COUNTRY? U.S.A	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) yes. 1st + 2nd W.W.		11. BIRTHPLACE (State or foreign country) Stansbury Mo.	
16. SOCIAL SECURITY NO.		12. CITIZEN OF WHAT COUNTRY? U.S.A	
17. INFORMANT Lillian Campbell		ADDRESS 12 Irving Place	

MEDICAL CERTIFICATION

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Acute alcoholism		INTERVAL BETWEEN ONSET AND DEATH
19. ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Fatty infiltration of liver		
20. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Aspiration of liver		
19A. DATE OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
19B. MAJOR FINDINGS OF OPERATION		
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK	21F. HOW DID INJURY OCCUR?
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> .		
23A. SIGNATURE William V. Roberts		23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>
24A. BURIAL, CREMATION, REMOVAL (Specify) Funeral		23C. DATE SIGNED March 24, 1951
24B. DATE 3/28/1951	24C. NAME OF CEMETERY OR CREMATORY Balto U.S. National	24D. LOCATION (City, town, or county) (State) Frederick Md.
DATE RECEIVED BY LOCAL REGISTRAR MAR 27 1951		25. FUNERAL DIRECTOR Wendell S. Hippel
REGISTRAR'S SIGNATURE		ADDRESS 312 S. Highland Ave

7025 12

RECEIVED FOR DEATH

7025 12

RECEIVED FOR DEATH

RECEIVED FOR DEATH

RECEIVED FOR DEATH

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2808

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2808
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Edward T Volk

2. DATE
OF
DEATH

3/26/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Johns Hopkins

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Oct. 1882

9. AGE (In years

last birthday)

68

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Cabinet maker

10B. KIND OF BUSINESS OR INDUSTRY

SHOP

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Andrew Volk

14. MOTHER'S MAIDEN NAME

Lula Mae Kenney

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

218-07-437

17. INFORMANT

Mr. Elz. Wilkinson, 4211 Parkwood

ADDRESS

18.

177X and E954.7

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cardiac and respiratory arrest during

DUE TO anesthesia by sodium pentothal

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Carcinoma of prostate

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Hospital

21C. WHERE DID (If in Baltimore City, give exact location) INJURY OCCUR?

Johns Hopkins Hospital

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

March 26, 1951 11.26 a.m.

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Injection of sodium pentothal anesthesia

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R S Fisher

23B. CHIEF MEDICAL EXAMINER.....☒ 23C. DATE SIGNED

ASSISTANT MEDICAL EXAMINER.....☐ 3/26/51

M.D. MEDICAL INVESTIGATOR.....☐

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/28/51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county) (State)

Balto Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

19510

25. FUNERAL DIRECTOR

L J Lucke

ADDRESS

5305 Harford Rd

VS 151

N-

5056U

51B

8045

10

8045

10

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2809

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2809
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Nicola Failla

2. DATE
OF
DEATH

March 26, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1814 7 Harford Road.

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

1814 Harford Avenue

9-07

C. Length of stay in Baltimore

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

Aug. 26-1867

9. AGE (In years
last birthday)

83

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Fruit dealer

10B. KIND OF BUSINESS OR
INDUSTRY

Confectioner

11. BIRTHPLACE (State or foreign country)

Cefalo Italy

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Failla

14. MOTHER'S MAIDEN NAME

Angela

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Rose Failla, 1814 Harford

18. 420.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Coronary thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

15 min

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerotic heart disease

33

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from 11/4/48, 19 to 5/8/1, 1950 that I last saw the
deceased alive on 5/8/1, 1950, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Friedman

M. D.

23B. ADDRESS

1737 E. North Ave

23C. DATE SIGNED

3/27/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burial

3/30/51

Holy Redeemer

Balto Md.

1

1

L. J. Luck

5305 Harford Rd

Dr. Freidman
1737 E. North Ave.

51 2810

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2810

Registered No.

ND-146931

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William E. Chamberlain

2. DATE
OF
DEATH

Mar. 25, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)Baltimore City Hospitals
4940 Eastern AvenueC. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1825 Ashland Avenue (5)

7-05

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

? ? ?

9. AGE (In years
last birthday)

56

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

JANITOR

10B. KIND OF BUSINESS OR
INDUSTRY

REFINING Co

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Joseph Chamberlain

14. MOTHER'S MAIDEN NAME

Hazel Elickson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Avenue

18.

151X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma of Stomach with metastasis

1 Yr.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

3-20-51
3-25-51

19B. MAJOR FINDINGS OF OPERATION

Exploratory laparotomy
Ileostomy Suprapubic Cystostomy

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-20, 1951, to 3-25, 1951, that I last saw the
deceased alive on 3-25, 1951, and that death occurred at 6:50 p. m., from the causes and on the date stated above.

23A. SIGNATURE

J. P. Rogers, M.D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

3-27-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3/30/51

24C. NAME OF CEMETERY OR CREMATORY

Arbutus men. Pk.

24D. LOCATION (City, town, or county)

Arbutus, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Joseph G. Stokely, Jr. 1304 N. Central

0188 12

WALL

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1000000

1000000

U

51 2811

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2811

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Charles

2. DATE
OF
DEATH

MAR 25 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

9 N. CAROLINE ST. 6-05

c. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)10 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS

JOHNS HOPKINS HOSPITAL

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) MYOCARDIAL INFARCTION
DUE TO

24 HRS.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B) HYPERTENSION
DUE TO

20 YRS.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐22. I hereby certify that I attended the deceased from 3-25-1951, to 3-25-1951, that I last saw the
deceased alive on 3-25-1951, and that death occurred at 1:55 P.M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Joseph Stokes III M.D.

JOHNS HOPKINS HOSPITAL

3-26-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

3-29-51

Mt. Calvary

A.D. County, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Joseph B. Loggins, Jr. 1304 N. Central Ave.

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51 2812

BALTIMORE CITY HEALTH DEPARTMENT

51 2812

CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Gracie White

2. DATE OF DEATH Mar. 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals
4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

168 W. Cross St. 23-01

E. Length of stay in Baltimore

15 Yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

April 20, 1912

9. AGE (In years last birthday)

38

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

N.C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

William Oscar Brim

14. MOTHER'S MAIDEN NAME

Lizzie Davis

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Baltimore City Hospitals Address Records: 4940 Eastern Avenue

18. 073X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial infarction

12 hrs

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Coronary insufficiency

10 Mos.

DUE TO

(C) Luetic Aotitis C Aortic insufficiency

?

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3-20, 1951, to 3-21, 1951, that I last saw the deceased alive on 3-21, 19 51, and that death occurred at 6:50 a. m., from the causes and on the date stated above.

23A. SIGNATURE

J. D. Rogers M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

3-22-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

March 27, 1951

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

9 5

25. FUNERAL DIRECTOR

Mrs. Katie R. Williams

ADDRESS

222 N. Snowden St.

12

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51 2813

BALTIMORE CITY HEALTH DEPARTMENT

Registered No.

51 2813

R-152

CERTIFICATE OF DEATH

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FRAULEIN ROBINSON

2. DATE
OF
DEATH

3-24-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

University Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

N

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of
work done during most of worklog life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

Phillip H. Jackson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

no.

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

1909-4-2

9. AGE in years
last birthday

42

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Middlesex Co. Va.

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

Ida E. Goldman

17. INFORMANT

ADDRESS

Eddie Robinson. 1085 W. Fayette St

18. 592x

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A)
DUE TO

Anemia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

Hypertension

(C)
DUE TO

Chronic glomerulonephritis

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m. WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-19, 1951, to 3-24, 1951, that I last saw the
deceased alive on 3-24, 1951, and that death occurred at 5 P. m., from the causes and on the date stated above.

23A. SIGNATURE

V. A. Huffer

M. D.

23B. ADDRESS

University Hospital

23C. DATE SIGNED

3-24-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

Mar 29, 1951

24C. NAME OF CEMETERY OR CREMATORY

Calvary Baptist Cemetery

24D. LOCATION (City, town, or county)

Middlesex Co. Va

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Miss Katie Williams

Schneider St

1885

1885

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1885

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2814

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2814
Registered

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN

THOMAS

2. DATE
OF
DEATH

March 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (not in hospital or institution, give street address or location)

Maryland General Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

December 25, 1904

9. AGE (In years,
last birthday)

46

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Construction Work

11. BIRTHPLACE (State or foreign country)

A.A. Co. Ind.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Thomas.

14. MOTHER'S MAIDEN NAME

Rebecca ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

217-05-1223

17. INFORMANT

ADDRESS

Richard Edwards, Pasadena, Ind.

18. 491X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Confluent bronchopneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William Edwards

23B. CHIEF MEDICAL EXAMINER.....☐

ASSISTANT MEDICAL EXAMINER.....☒

M.D. MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

March 21, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Mar. 27, 1951.

24C. NAME OF CEMETERY OR CREMATORY

Marley Field

24D. LOCATION (City, town, or county) (State)

Anne Arundel Co., Ind.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

195100

25. FUNERAL DIRECTOR

Mrs. R. Williams Schreder

ADDRESS 322K

1128

13

STATION 1128

1128

10



BALTIMORE CITY HEALTH DEPARTMENT

51 2815
Registered No.

BIRTH NO. 51 2815 R-152 CERTIFICATE OF DEATH

1. NAME OF DECEASED
(Type or Print)

WARREN

ROBINSON

2. DATE
OF
DEATH

March 19, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1224 N. Carlton St 16-01

5. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widower.

8. DATE OF BIRTH

January 19, 1905

9. AGE (In years
last birthday)

46

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Labour.

10B. KIND OF BUSINESS OR
INDUSTRY

Construction Work

11. BIRTHPLACE (State or foreign country)

Carolina Co. Va.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Jack Robinson.

14. MOTHER'S MAIDEN NAME

Elizabeth Dotson.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

No.

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

215-07-7753

17. INFORMANT

John Robinson. 1708 W. Lankford St

ADDRESS

18.

583 X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hepatitis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Smith

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

March 19, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

March 27, 1951 Mt. Zion

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

Landsdowne, Md.

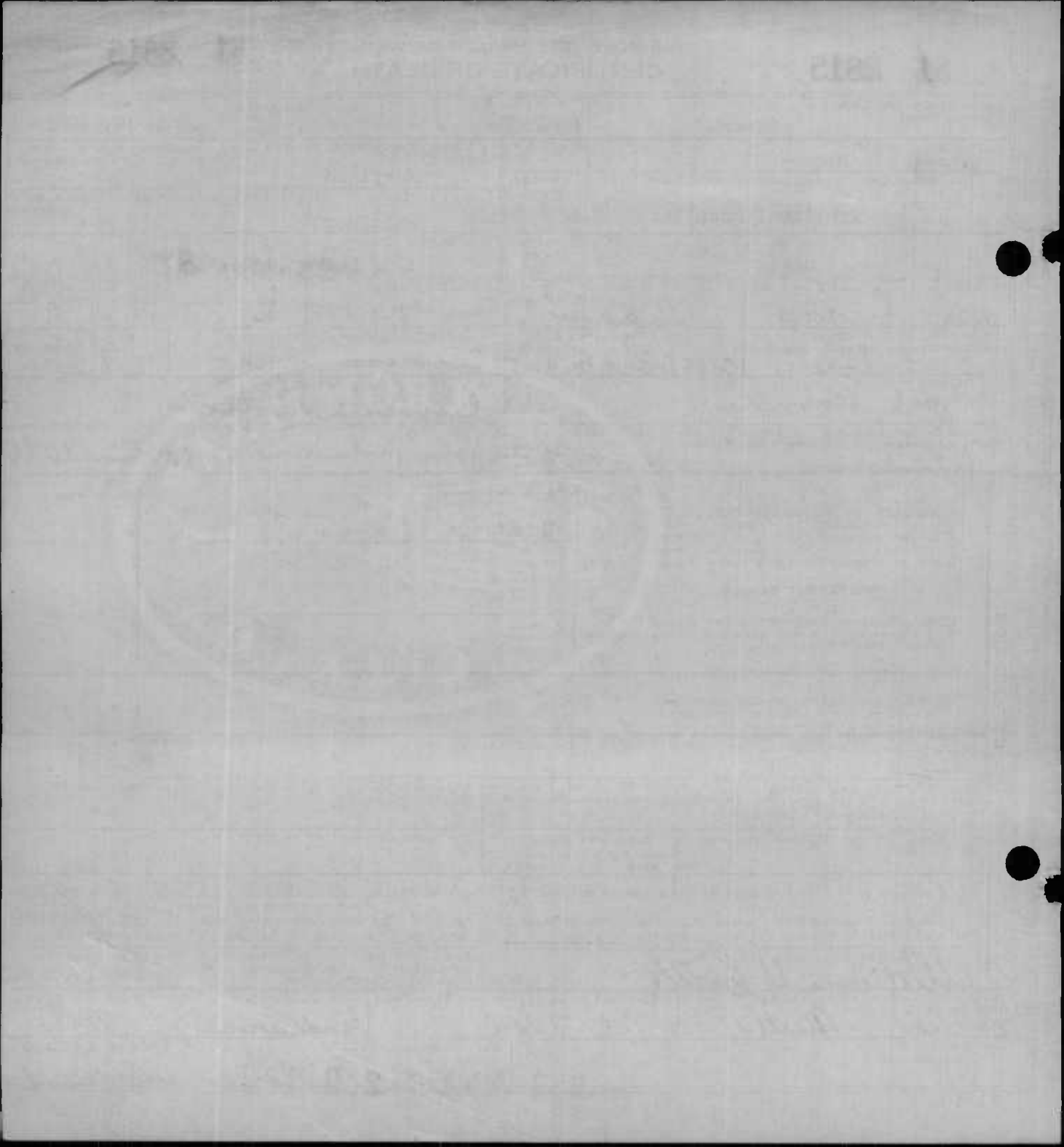
DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Mrs. Katie R. Williams Schwedler St



PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2816

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2816

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

AMELIA

PAULINE

CALDER

2. DATE
OF
DEATH

March 25, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE Maryland

B. COUNTY before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION Franklin Square Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

D. STREET ADDRESS (If rural, give location)

272 S. London Ave.

C. Length of stay in Baltimore 59 Yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Divorced

8. DATE OF BIRTH

Sept. 24, 1889

9. AGE (In years

last birthday)
61

10. Under 1 Year

Months: Days

6 1

11. Under 24 Hours

Hours: Min.

20-05

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR

INDUSTRY
Crosse & Blackwell

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Franz May

Franz May (M)

14. MOTHER'S MAIDEN NAME

Amelia Roehuert

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.
220-24-1569

17. INFORMANT

ADDRESS

William D. Calder 1124 Poplar Grove

18. E 903.5

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fracture of skull

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DETO

(B) Subdural hemorrhage

DETO

(C) Contusion of brain

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Rheumatic heart disease with aortic & mitral

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

21A. EXTERNAL CAUSE WAS
UNDERLYING ☒ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)
Street

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Pulaski Street, 15' north of Frederick

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY
March 21, 1951 10:30 P.m.

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE ☒

21F. HOW DID INJURY OCCUR?

Apparently collapsed & fell to street

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

W. D. Calder

23B. CHIEF MEDICAL EXAMINER ☒ ASSISTANT MEDICAL EXAMINER ☐ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED
March 27, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial

24B. DATE
3/29/51

24C. NAME OF CEMETERY OR CREMATORY
Western

24D. LOCATION (City, town, or county) (State)
Baltimore

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

VS 151

N-803.2

97042

186a

1216

1216

CERTIFICATE OF DEATH

Name of Deceased		Date of Death	
Place of Birth		Place of Death	
Age at Death		Sex	
Cause of Death		Time of Death	
Signature of Physician		Signature of Registrar	
Signature of Coroner		Signature of Medical Examiner	
Signature of Burial Officer		Signature of Cemetery Officer	
Signature of Funeral Home		Signature of Undertaker	
Signature of Family		Signature of Friends	
Signature of Church		Signature of Community	
Signature of State		Signature of Nation	

PLEASE PRINT FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2817
Registered No.

BIRTH NO. 50-21904

1. NAME OF DECEASED
(Type or Print)

JOAN PARKS

2. DATE
OF
DEATH

3-26-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

4-02

D. STREET ADDRESS (If rural, give location)

622 W BALTIMORE ST

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

U. HOSPITAL

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

612L

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

10/12/1950

9. AGE (In years last birthday)

11 Under 1 Year Months Days Hours Min.

5

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

BALTIMORE

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

LeRoy Parks

14. MOTHER'S MAIDEN NAME

Orville Garland

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Jessie L. Parks 622 W Baltimore

18. 493X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) -

DUE TO

(C) -

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3-24, 1951, to 3-26, 1951, that I last saw the deceased alive on 3-26-51/19 and that death occurred at 9:55 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Depledge

23B. ADDRESS

U. Hospital

23C. DATE SIGNED

3-26-51.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

3/28/51

Seal Cemetery

Taylorsville Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

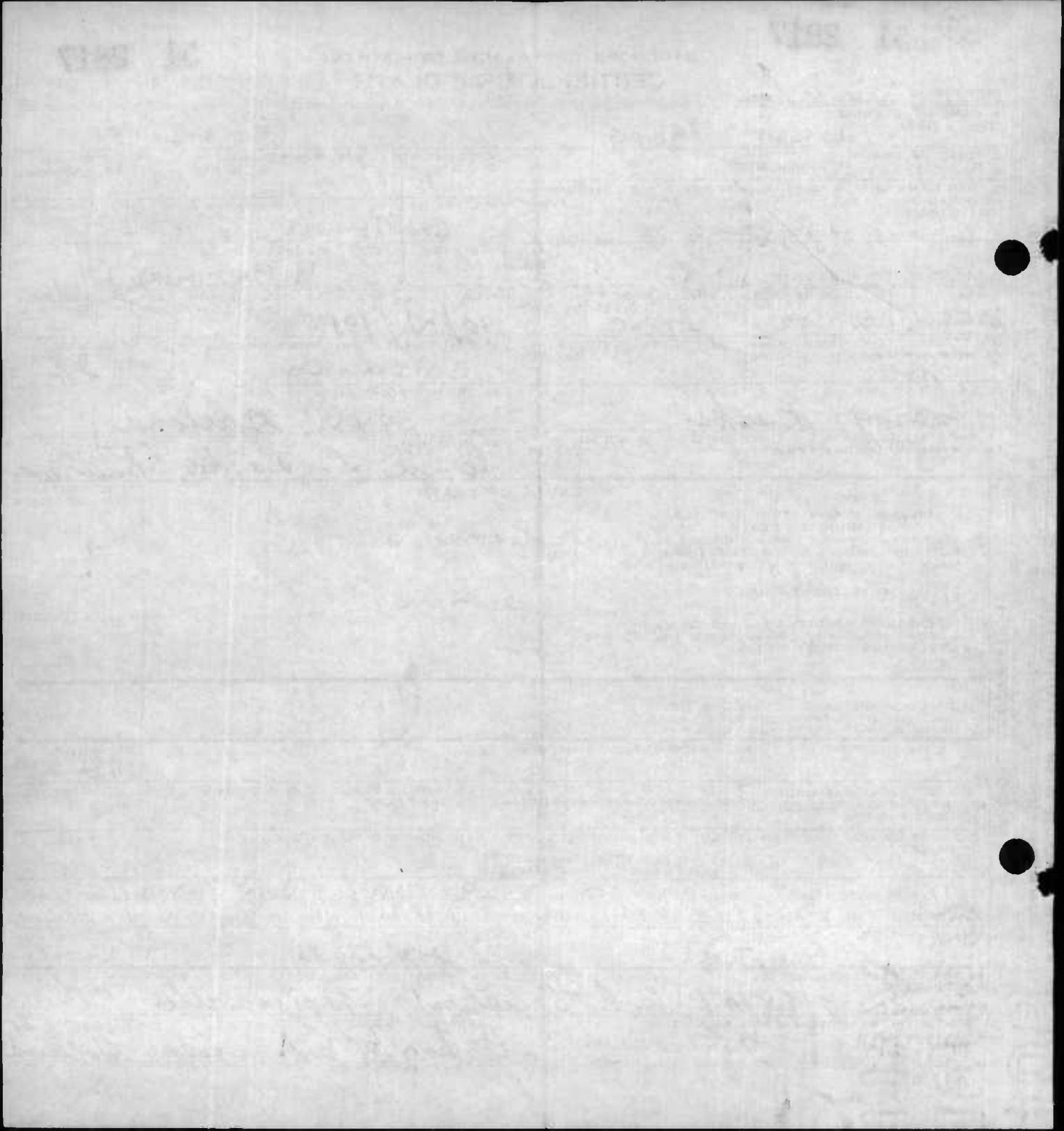
25. FUNERAL DIRECTOR

ADDRESS

MAR 27 1951

Washington Williams, Jr.

John J. Egan & Son Hollins



PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

AB-146541

51 2818

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2818

Registered No.

BIRTH NO. M-320

1. NAME OF DECEASED (Type or Print) Hubert Metz		2. DATE OF DEATH 3-26-1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Baltimore City Hospitals 4940 Eastern Ave.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
5. Length of stay in Baltimore Life		D. STREET ADDRESS (If rural, give location) 1520 Hollins St.	
5. SEX M	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married (Separated)	8. DATE OF BIRTH March 3- 1910
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WATERMAN		10B. KIND OF BUSINESS OR INDUSTRY MARINE	
13. FATHER'S NAME Victor Metz		14. MOTHER'S MAIDEN NAME Edith Miller	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
18. 592X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) Uremia DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. Chronic Glomerulo- nephritis DUE TO (C)		11. BIRTHPLACE (State or foreign country) Maryland	
		12. CITIZEN OF WHAT COUNTRY?	
		17. INFORMANT Baltimore City Hospitals Records: 4940 Eastern Ave.	
19A. DATE OF OPERATION 3-23-51		19B. MAJOR FINDINGS OF OPERATION Appendectomy	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from 3-7-1951, to 3-26-1951 that I last saw the deceased alive on 3-26-1951, and that death occurred at 7:40 PM., from the causes and on the date stated above.			
23A. SIGNATURE P. S. Rogers		23B. ADDRESS 4940 Eastern Ave., Baltimore, Md.	
23C. DATE SIGNED 3-27-51			
24A. BURIAL, CREMA- TION, REMOVAL (Specify) Burial		24B. DATE 3-30-51	
24C. NAME OF CEMETERY OR CREMATORY Washington		24D. LOCATION (City, town, or county) (State) Washington Co. Md	
DATE RECEIVED BY LOCAL REGISTRAR MAR 27 1951		REGISTRAR'S SIGNATURE William H. Williams	
25. FUNERAL DIRECTOR 51 S. 2nd St. Baltimore		ADDRESS 2043	

VS 150

623 55

121

818

818

100-10

WALLACE

212-741-8700

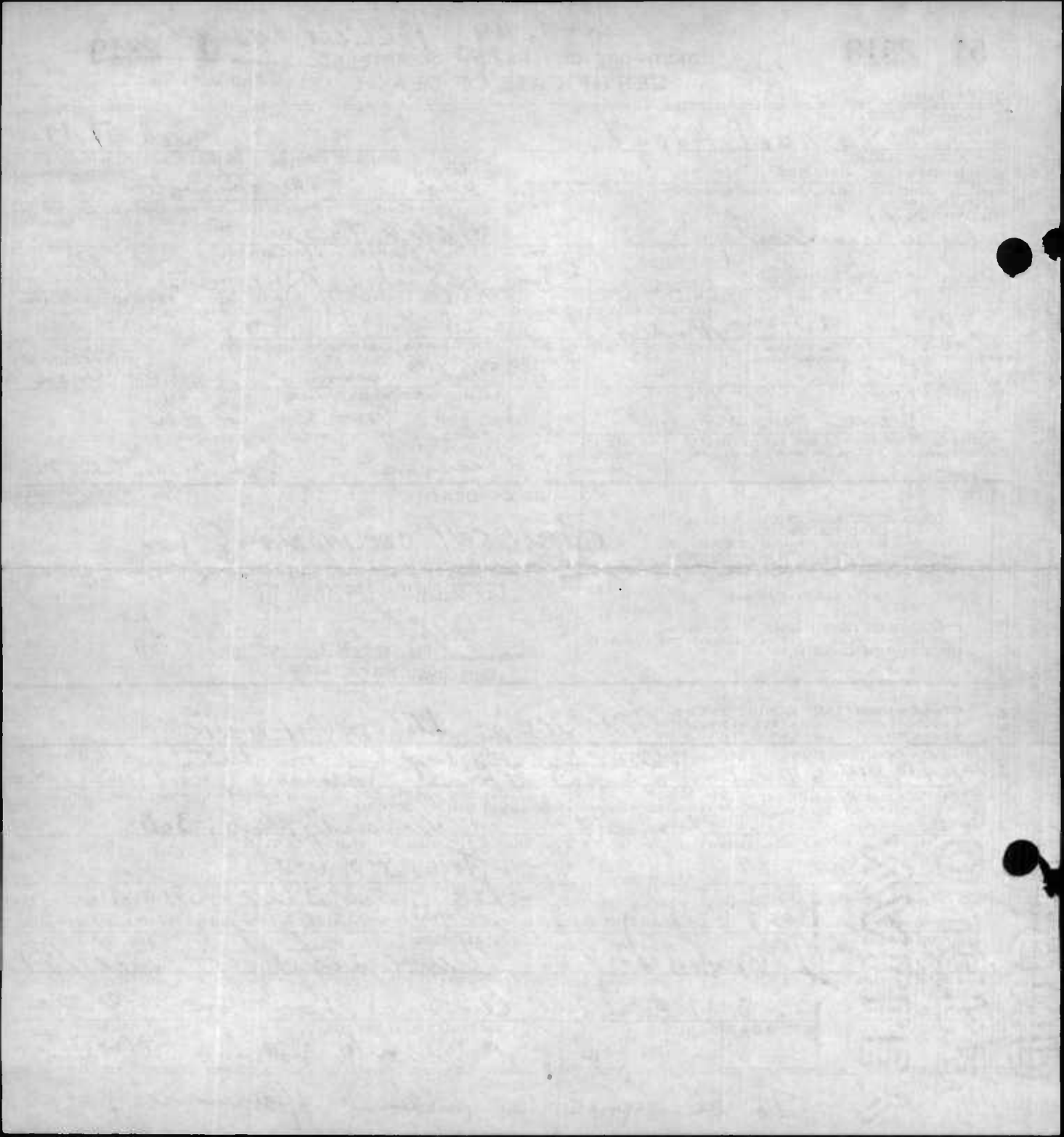
100-10

100-10

100-10

100-10

BIRTH NO. <u>2819</u>		BALTIMORE CITY HEALTH DEPARTMENT		CERTIFICATE OF DEATH		Registered No. <u>2819</u>	
1. NAME OF DECEASED (Type or Print) <u>Samuel Lloyd</u>				2. DATE OF DEATH <u>March 27, 1951</u>			
3. PLACE OF DEATH: A. Baltimore City, Maryland				4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE <u>md</u> B. COUNTY <u>Washington</u>			
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>University</u>				C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Hagerstown</u>			
c. Length of stay in Baltimore <u>13</u> Mos. <u>Days</u>				D. STREET ADDRESS (If rural, give location) <u>735 W. Washington St</u>			
5. SEX <u>m</u>	6. COLOR OR RACE <u>w</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Oct. 4, 1871</u>		9. AGE (In years last birthday) <u>79</u>	If Under 1 Year Months: <u>5</u> Days: <u>22</u> Hours: <u></u> Min: <u></u>	
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>janitor</u>			10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>West Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>American</u>
13. FATHER'S NAME <u>James W Lloyd</u>				14. MOTHER'S MAIDEN NAME <u>Martha Dick</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Margaret J. Lloyd Hagerstown, md,</u>		ADDRESS	
18. <u>191X and E902.7</u> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) <u>Basal cell carcinoma of face</u>				CAUSE OF DEATH		INTERVAL BETWEEN ONSET AND DEATH	
DUE TO				CERTIFICATION APPROVED BY <u>B. F. Folsom</u> M. L. CHIEF OR ASST. MEDICAL EXAMINER			
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.				DUE TO			
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. <u>Fracture of Rt. femoral neck</u>							
19A. DATE OF OPERATION <u>12/20/50, 1/10/51, 1/24/51</u>		19B. MAJOR FINDINGS OF OPERATION <u>Basal cell carcinoma of side of face - enucleation of Rt. eye, removal of nail</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Hospital</u>		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) <u>University Hosp, 3B</u>			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY <u>March 1951</u>		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? <u>Fell out of bed</u>			
22. I hereby certify that I attended the deceased from <u>2/13, 1950</u> to <u>3/27, 1951</u> , that I last saw the deceased alive on <u>3/27, 1951</u> and that death occurred at <u>4:30 A.M.</u> , from the causes and on the date stated above.							
23A. SIGNATURE <u>B. F. Folsom</u> M. D.				23B. ADDRESS <u>University Hosp</u>		23C. DATE SIGNED <u>3/27/51</u>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24B. DATE <u>Mar. 29, 1951</u>		24C. NAME OF CEMETERY OR CREMATORY <u>Edge Hall Cemetery</u>		24D. LOCATION (City, town, or county) (State) <u>Charlestown W. Va.</u>	
DATE RECEIVED BY LOCAL REGISTRAR <u>MAR 27 1951</u>		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR <u>C. M. G. and Son</u>		ADDRESS <u>Hagerstown md.</u>	



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

635

51 2820

BRATMAN
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2820
Registered No.

BIRTH NO.

1. NAME OF DECEASED (Type or Print) REBECCA BRATMAN		2. DATE OF DEATH 3/27/1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE MARYLAND B. COUNTY	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 2815 ULMAN AVE		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BALTIMORE 15-12	
c. Length of stay in Baltimore 63 Yrs. Mos. Days		D. STREET ADDRESS (If rural, give location) 2815 ULMAN AVE	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	8. DATE OF BIRTH
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK			9. AGE (In years last birthday) 76
10B. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (State or foreign country) RUSSIA
13. FATHER'S NAME BEREL			12. CITIZEN OF WHAT COUNTRY? U.S.A.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)			14. MOTHER'S MAIDEN NAME KIRANQ
16. SOCIAL SECURITY NO.			17. INFORMANT ADDRESS MORAN BRATHAN - 3816 DOLFIELD AVE

18. 157X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) baner of Pancreas DUE TO (B) DUE TO (C)	INTERVAL BETWEEN ONSET AND DEATH 3 mo.
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.	

19A. DATE OF OPERATION Oct 1950		19B. MAJOR FINDINGS OF OPERATION La head of Pancreas		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 12/30, 1950 to Mar 27, 1951 , that I last saw the deceased alive on Mar 27, 1951 , and that death occurred at 2:30 P.m. , from the causes and on the date stated above.					
23A. SIGNATURE Leo M. Kolman		23B. ADDRESS 3700 Park Heights Ave		23C. DATE SIGNED Mar 27 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3/28/1951		24C. NAME OF CEMETERY OR CREMATORY Rosedale	
24D. LOCATION (City, town, or county) (State) Balto. Md.		25. FUNERAL DIRECTOR ADDRESS Huntington Williams, M.D. & Sons, Inc. - 2100 Eutaw Pl			

Kolman
3700 Park Hgts
6-8

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

51 2821

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2821

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Eugenia Burke

2. DATE
OF
DEATH

March 25, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Med. Bldg 4

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2042 Walbrook Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHN HOPKINS HOSPITAL

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Acute myocardial
infarction

1 week

ANTECEDENT CAUSES

(B) DUE TO
(C) DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from 3-20-1951 to 3-25-1951, that I last saw the
deceased alive on 3-25-1951, and that death occurred at 12:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Victor G. McKusick M. D.

23B. ADDRESS

JOHN HOPKINS HOSPITAL

23C. DATE SIGNED

3/26/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 28 1951

Huntington Williams M. D.

Mrs. R. G. Elliott & Daughter

1129 N. Caroline St.

1882

1882

S

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

51 2822 CLARENCE MERRITT		51 2822	
BALTIMORE CITY HEALTH DEPARTMENT			
CERTIFICATE OF DEATH			
BIRTH NO.		Registered No.	
1. NAME OF DECEASED (Type or Print) <i>Clarence Merritt</i>		2. DATE OF DEATH <i>3/25/51</i>	
3. PLACE OF DEATH: A. Baltimore City, Maryland <i>Maryland Penitentiary</i>		4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE <i>Med.</i> B. COUNTY	
5. FULL NAME OF HOSPITAL OR INSTITUTION <i>954 Forest St.</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore</i> <i>10-02</i>	
c. Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) <i>808 N. Spring St.</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>col</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>June 22, 1913</i>
10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired) <i>laborer</i>		10B. KIND OF BUSINESS OR INDUSTRY <i>gr.</i>	9. AGE (in years last birthday) <i>37</i>
11. BIRTHPLACE (State or foreign country) <i>Richmond Va</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13. FATHER'S NAME <i>Edmund Merritt</i>		14. MOTHER'S MAIDEN NAME <i>Richetta Bradshaw</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>?</i>	
17. INFORMANT		ADDRESS	
18. <i>581.0</i> DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) <i>Pulmonary edema & Congestion</i> DUE TO (B) <i>Cirrhosis of Liver</i> DUE TO (C)		INTERVAL BETWEEN ONSET AND DEATH	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			
19A. DATE OF OPERATION <i>3/16/51</i>		19B. MAJOR FINDINGS OF OPERATION <i>Cirrhosis of Liver</i>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)			
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21F. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <i>2/19/51</i> , 19 <i>51</i> , to <i>3/25/51</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>3/23/51</i> , 19 <i>51</i> , and that death occurred at <i>5:31 P.m.</i> , from the causes and on the date stated above.			
23A. SIGNATURE <i>Edwin H. Stewart</i>		23B. ADDRESS <i>618 Medical Arts</i>	
23C. DATE SIGNED <i>3/25/51</i>			
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3/28/51</i>	
24C. NAME OF CEMETERY OR CREMATORY <i>St. Calvary Cem.</i>		24D. LOCATION (City, town, or county) (State) <i>A.A. County Md.</i>	
DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 28 1951</i>		REGISTRAR'S SIGNATURE <i>Huntington Williams</i>	
25. FUNERAL DIRECTOR <i>Miss R. R. Ellis & Sons</i>		ADDRESS <i>1129 N. Caroline St.</i>	

97099

124B

1-463 51 2823

correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Every item of information should be carefully supplied. The

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2823
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MARY ANNE VOLLRATH

2. DATE
OF
DEATH

March 26, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 418 S. Eden St..

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 3-02

D. STREET ADDRESS (If rural, give location)
418 S. Eden St.,

c. Length of stay in Baltimore Lifetime

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
At home

10B. KIND OF BUSINESS OR INDUSTRY

8. DATE OF BIRTH

June 20, 1878

9. AGE (In years last birthday)

72

If Under 1 Year Months Days Hours Min.

11. BIRTHPLACE (State or foreign country)
Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
Samuel Sheffield

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
No.

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
William H. Vollrath 418 S. Eden St.,

18. *Myocardial insufficiency*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

1 day.

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *myocardial insufficiency*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *chronic myocarditis, endocarditis*

DUE TO

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) *atherosclerosis, hypertension*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 20, 1951, to March 26, 1951, that I last saw the deceased alive on March 26, 1951, and that death occurred at 3:45 a.m., from the causes and on the date stated above.

23A. SIGNATURE

L. C. Dobbs

M. D.

23B. ADDRESS

4474 Kenwood Ave.

23C. DATE SIGNED

3/27/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

March 29, 1951

24C. NAME OF CEMETERY OR CREMATORY

Mt. Carmel Cemetery.

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 28 1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Home 2008 Orleans St.

1953

14

1953

14

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

VALLEY

CONGRESSIONAL

COMMISSION

REPORT

NO. 1

1938 12

1938 12

Pennsylvania

103 S. 10th Street

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

JL- 146640

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2825
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

James Johnson

2. DATE
OF
DEATH

3-23-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals
4940 Eastern Ave.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

50 W. West Street

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

Yrs.
Mos.
Days

8. DATE OF BIRTH

1876

9. AGE (in years last birthday)

75

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James Johnson

14. MOTHER'S MAIDEN NAME

Annie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

B. C. H. Records, 4940 Eastern

18. 42-1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Arteriosclerotic Cardio Vascular Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) ...
...
(C) ...

INTERVAL BETWEEN ONSET AND DEATH
over 2 yrs.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3-10-51, 1951, to March 23, 1951 that I last saw the deceased alive on March 23, 1951 and that death occurred at 2AM m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

4940 Eastern Ave.

23C. DATE SIGNED

3-23-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

3/28/51

Int Calvary Ct

A. B. Co., Md

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 28 1951

Huntington Williams, M.D.

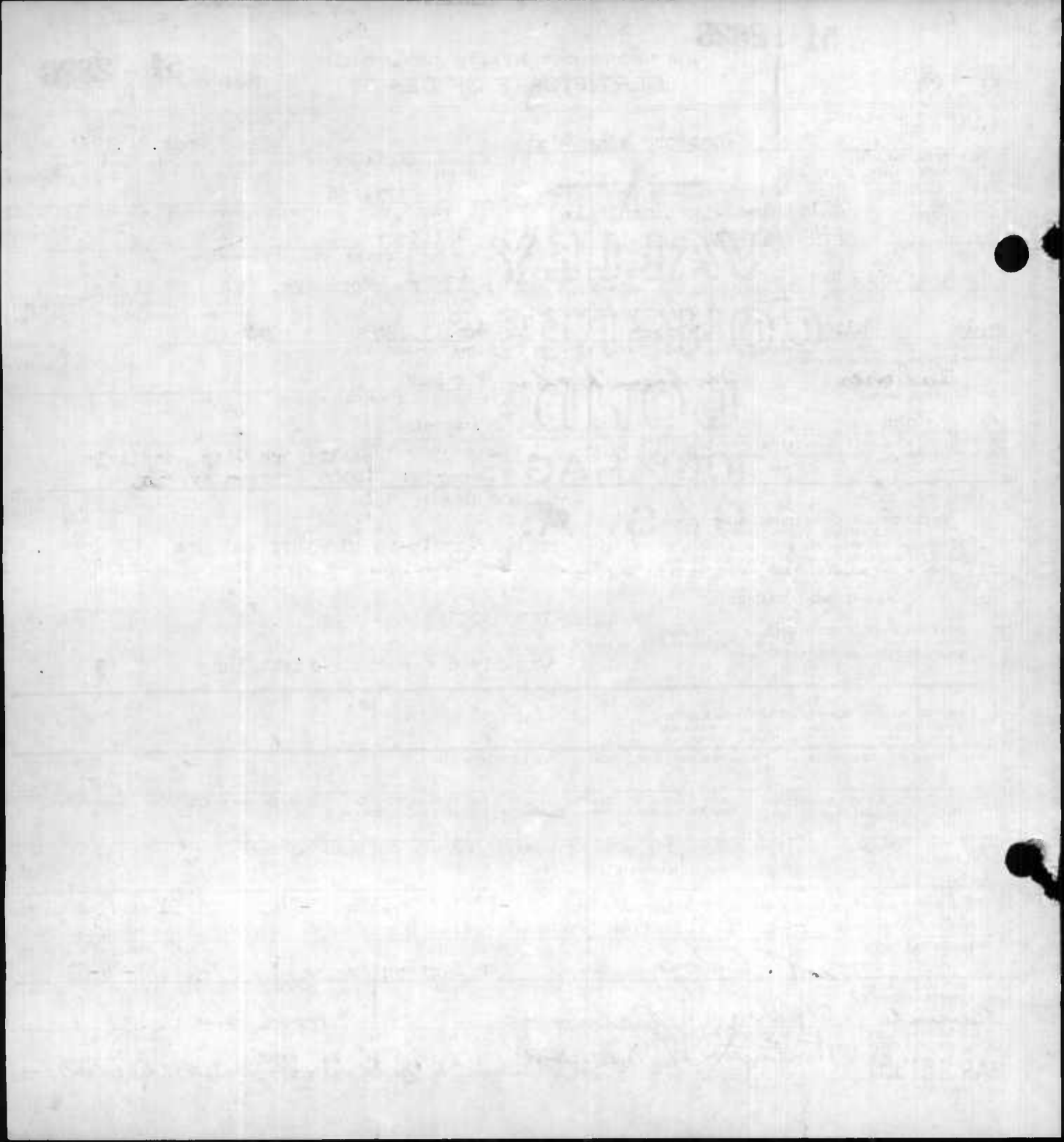
J. D. Brown, Jr. 108-2 Montgomery St

100

7/11/11

Admission

1111



PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information must be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2827

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2827

Registered No. _____

BIRTH NO. _____		
1. NAME OF DECEASED (Type or Print) ELLA BURL		
2. DATE OF DEATH 3/25/51		
3. PLACE OF DEATH: A. Baltimore City, Maryland 3714 Sixth Street		
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)		
C. Length of stay in Baltimore Yrs. _____ Mos. _____ Days _____		
5. SEX F	6. COLOR OR RACE W	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) M
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10B. KIND OF BUSINESS OR INDUSTRY Home
13. FATHER'S NAME Robert Mercer		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. _____
4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission) A. STATE Md. B. COUNTY _____		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore
O. STREET ADDRESS (If rural, give location) 3714 Sixth Street		
8. DATE OF BIRTH 4/30/1887		9. AGE (in years last birthday) 63 If Under 1 Year: Months: _____ Days: _____ If Under 24 Hours: Hours: _____ Min: _____
11. BIRTHPLACE (State or foreign country) Baltimore		12. CITIZEN OF WHAT COUNTRY? _____
14. MOTHER'S MAIDEN NAME Eleanora Hutson		
17. INFORMANT Family - Same		ADDRESS _____
18. 4/20.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Coronary thrombosis DUE TO (B) Generalized arteriosclerosis DUE TO (C) _____ INTERVAL BETWEEN ONSET AND DEATH 2 days ?		
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. Chronic cholecystitis 7 years		
19A. DATE OF OPERATION 0		19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>
21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from March 23, 1951 to March 25, 1951 , that I last saw the deceased alive on March 24, 1951 , and that death occurred at 5:40 p. m. , from the causes and on the date stated above.		
23A. SIGNATURE Harriet J. Pulver M. D.		23B. ADDRESS 4034 Cedardale Rd.
23C. DATE SIGNED March 27, 1951		
24A. BURIAL, CREMATION, REMOVAL (Specify) B	24B. DATE 3/28/51	24C. NAME OF CEMETERY OR CREMATORY Cedar Hill
24D. LOCATION (City, town, or county) (State) Baltimore		
DATE RECEIVED BY LOCAL REGISTRAR MAR 28 1951		REGISTRAR'S SIGNATURE Huntington Wilkins, M.D.
25. FUNERAL DIRECTOR James L. Lacey		ADDRESS - 130 E. Fort Ave.

1988

12

1988

12

1988

1988

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1988

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1988

1988

1988

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Hoffman George Hofman

2. DATE OF DEATH

3 22. 1957

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Franklin Square Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE *Md.*

B. COUNTY *Baltimore*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 19-04

D. STREET ADDRESS (If rural, give location)

311 S. Monroe St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

1/1/1871

9. AGE (In years last birthday)

86

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Newspaper Colporteur

10B. KIND OF BUSINESS OR INDUSTRY

— — —

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

John Geo. Hofman

14. MOTHER'S MAIDEN NAME

unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

—

17. INFORMANT

ADDRESS

Minne Tompkins - 1900 Balto - St.

18. *331X I*

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CAUSE OF DEATH

(A)

DUE TO

Cerebral-vascular accident

(B)

DUE TO

Cerebral Thrombosis

(C)

DUE TO

General Arteriosclerosis

Hypertension

Pneumonia hypostatic

INTERVAL BETWEEN ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3 11* 19*57*, to *3 22* 19*57* that I last saw the deceased alive on *3 22* 19*57*, and that death occurred at *8:20 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE

R. J. Chambers

23B. ADDRESS

Franklin Sq. Hosp.

23C. DATE SIGNED

3/22/1957

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/29/57

24C. NAME OF CEMETERY OR CREMATORY

St. Peter's Cem.

24D. LOCATION (City, town, or county) (State)

Balto - Md

DATE RECEIVED BY LOCAL REGISTRAR

MAR 28 1957

REGISTRAR'S SIGNATURE

Huntington Williams M.D.

25. FUNERAL DIRECTOR

W. J. Whippert & Son

ADDRESS

1201 East Ave

VS 150

83a 7

51 2829

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2829
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

DAISY-ETTA-KEITH.

2. DATE
OF
DEATH

MARCH-25/1951.

3. PLACE OF DEATH:

A. Baltimore City, Maryland 4506-SORRENTO-ROAD.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE MARYLAND. - B. COUNTY BALTIMORE.

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

COLONIAL-NURSING-HOME.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

EAST-LANSDOWN.

c. Length of stay in Baltimore

3 WEEKS.

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2611-FIRST-AVE.

5300

5. SEX

FEMALE.

6. COLOR OR RACE

WHITE.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOWED.

8. DATE OF BIRTH

AUG.-15/1874

9. AGE (In year- last birthday)

73 yrs.

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSE-WORK.

10B. KIND OF BUSINESS OR INDUSTRY

OWN-HOME.

11. BIRTHPLACE (State or foreign country)

VIRGINIA.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

UNKNOWN.

14. MOTHER'S MAIDEN NAME

UNKNOWN.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No.

(If yes, give year or dates of service)

No.

16. SOCIAL SECURITY NO.

216-12-3422

17. INFORMANT

WM: A. KEITH, - 2611-FIRST-AVE.

ADDRESS

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Coronary Thrombosis

2 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Hypertensive Cardiovascular Disease

10 years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Feb. 23, 1951, to March 25, 1951, that I last saw the deceased alive on March 25, 1951, and that death occurred at 8:30 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Nathaniel J. Puelver

23B. ADDRESS

4034 Ledardale Rd.

23C. DATE SIGNED

March 27, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL.

24B. DATE

MARCH-29/51.

24C. NAME OF CEMETERY OR CREMATORY

LODGEON-PARK-CEM.

24D. LOCATION (City, town, or county)

BALTIMORE, - MD.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 28 1951

REGISTRAR'S SIGNATURE

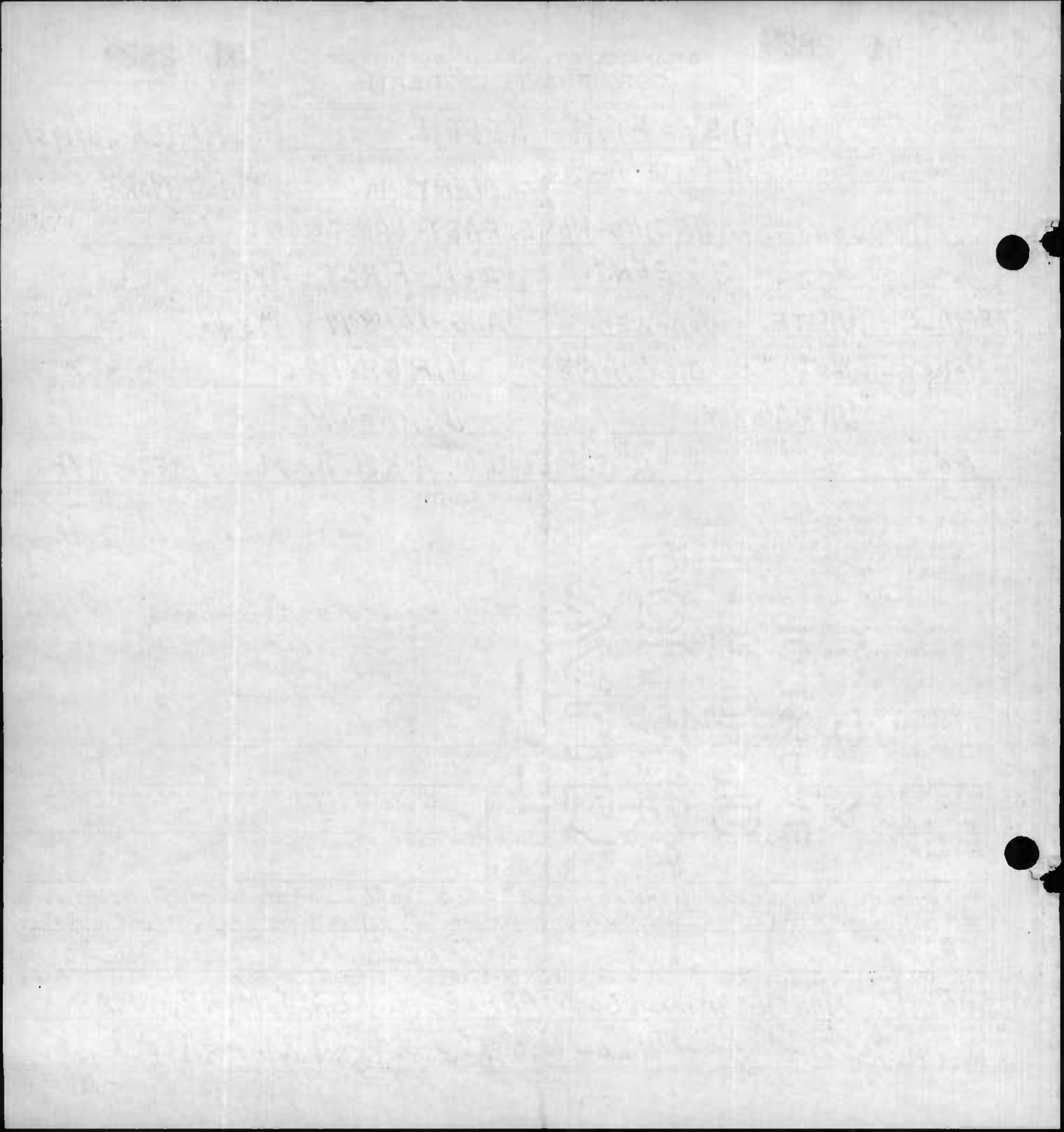
Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Charles J. Schuck - 3512-Frederick-

ADDRESS

93D - AVE.



PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3-550
51 2830

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2830
Registered No.

BIRTH NO.

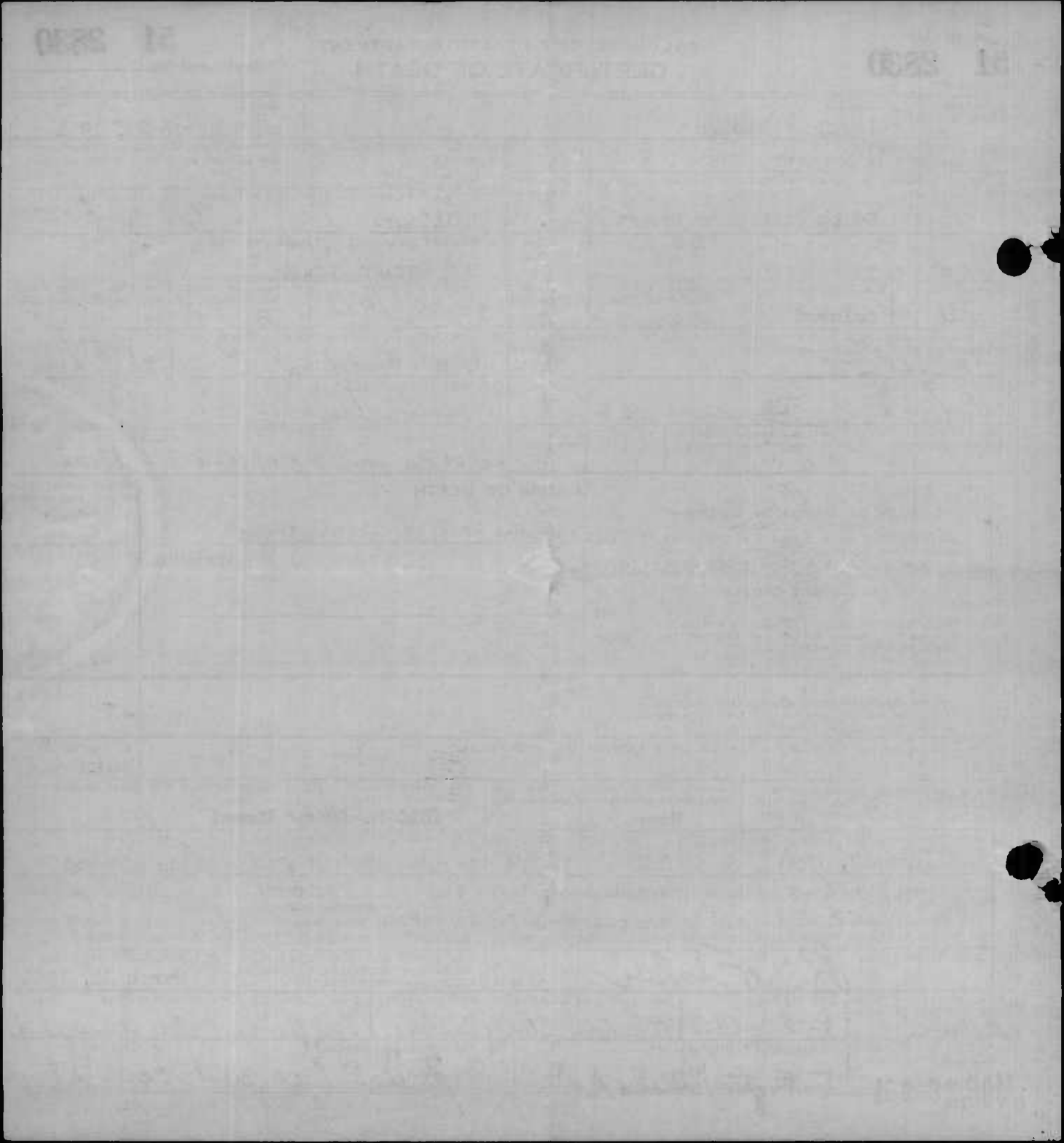
1. NAME OF DECEASED (Type or Print) JAMES BOWMAN		2. DATE OF DEATH March 23, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland B. FULL NAME OF HOSPITAL OR INSTITUTION South Baltimore General Hosp.		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland C. CITY OR TOWN Baltimore D. STREET ADDRESS (If rural, give location) 906 Warner Street	
5. SEX male	6. COLOR OR RACE colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 3-20-1911
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sw Self RUCKSTER		11. BIRTHPLACE (State or foreign country) Manning S. C.	
10B. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME John Bowman Sr		14. MOTHER'S MAIDEN NAME Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT John Bowman Jr		ADDRESS 508 W. West Street	
18. CAUSE OF DEATH DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) E964X I Fracture of skull with delayed cerebral hemorrhage DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			INTERVAL BETWEEN ONSET AND DEATH
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
21A. EXTERNAL CAUSE WAS UNDERLYING <input checked="" type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	
21C. WHERE DID INJURY OCCUR? 1010 S. Eutaw Street		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY August 19, 1950 ? m.	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21F. HOW DID INJURY OCCUR? Struck on head with a piece of wood	
22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input checked="" type="checkbox"/> , undetermined <input type="checkbox"/> .			
23A. SIGNATURE R.S. Fisher		23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/>	
23C. DATE SIGNED March 24, 1951			
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE 3-29-1951	
24C. NAME OF CEMETERY OR CREMATORY Western Star Cemetery		24D. LOCATION (City, town, or county) (State) Baltimore County Maryland	
DATE RECEIVED BY LOCAL REGISTRAR Mar 28 1951		25. FUNERAL DIRECTOR Joseph A. Lirly	
REGISTRAR'S SIGNATURE Hamington Williams, Jr.		ADDRESS 6619 West Borne St	

MAR 28 1951

N-803.9

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168



01300
51 2831
correct age is especially important. Physicians: please write the causes of death clearly and legibly.
Every item of information should be carefully supplied. The
PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The
correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2831
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE H. OTT

2. DATE
OF
DEATH

March 26, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

3022 DARBY ST

C. Length of stay in Baltimore

50 yrs

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, or if retired)

RETIRED ELECTRICIAN

10B. KIND OF BUSINESS OR
INDUSTRY

BAUGH, CHEMICAL CO.

13. FATHER'S NAME

GEORGE H. OTT

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

212-05-8393

17. INFORMANT

ADDRESS

Rosie OTT-3022 DARBY ST

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Congestive Heart Failure

3 days

ANTECEDENT CAUSES

DUE TO

(B)

Hypertensive C. V. Dis

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from Mar 23, 1951 to Mar 26, 1951, that I last saw the
deceased alive on Mar 26, 1951, and that death occurred at 8:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 28 1951

Huntington Williams, M.D.

Frank H. Lutz 814 N 36th St

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

2-362
51 72832

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2832
Registered No.

BIRTH NO.		1. NAME OF DECEASED (Type or Print) <i>Harry B Patterson</i>		2. DATE OF DEATH <i>3/26-51</i>	
3. PLACE OF DEATH A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) A. STATE <i>MD</i>		B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION <i>419 Homeland Ave</i>		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-11</i>		D. STREET ADDRESS (If rural, give location) <i>419 Homeland Ave</i>	
c. Length of stay in Baltimore <i>Life</i>		Yrs. Mos. Days			
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Oct. 1-1883</i>	9. AGE (In years last birthday) <i>67</i>	10. Under 1 Year Months: Days
11. BIRTHPLACE (State or foreign country) <i>MD</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13. FATHER'S NAME <i>William Patterson</i>	
14. MOTHER'S MAIDEN NAME <i>Bessie Bowerman</i>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
17. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service)		18. 442X		19. 442X	

MEDICAL CERTIFICATION

18. 442X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO (A) <i>Cerebral Hemorrhage</i> (B) <i>Hypertensive Cardio Vascular Disease</i> (C) <i>Vascular Disease</i>		CAUSE OF DEATH <i>Cerebral Hemorrhage</i> <i>Hypertensive Cardio Vascular Disease</i> <i>Vascular Disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>3 hrs</i> <i>10 yrs</i>	
ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.			

19A. DATE OF OPERATION <i>0</i>		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/>		21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <i>Sept 1947</i> to <i>March 26, 1951</i> , that I last saw the deceased alive on <i>March 26, 1951</i> and that death occurred at <i>1 P.M.</i> , from the causes and on the date stated above.					
23A. SIGNATURE <i>Charles F. Donnell M.D.</i>		23B. ADDRESS <i>7501 York Rd</i>		23C. DATE SIGNED <i>3/27/51</i>	
24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24B. DATE <i>3-29-51</i>		24C. NAME OF CEMETERY OR CREMATORY <i>Western</i>	
24D. LOCATION (City, town, or county) (State) <i>Baltimore Md.</i>		24E. DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 28 1951</i>		24F. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i>	
24G. FUNERAL DIRECTOR <i>Frank W. Day</i>		24H. ADDRESS <i>814 W. 36 St</i>		24I. DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 28 1951</i>	

OCT-1-

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **51 2833**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EVA

ZUROMSKI

2. DATE
OF
DEATH

March 26, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2110 Aliceanna Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Waitress

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

John Sutar

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

Feb. 26, 1919

9. AGE (In years last birthday)

32

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Sab-Kousti

17. INFORMANT

ADDRESS

Andrew Zuromski, 2110 Aliceanna St

18. 581.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fatty liver

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William V. Smith

23B. CHIEF MEDICAL EXAMINER.....☐ ASSISTANT MEDICAL EXAMINER.....☒ M.D. MEDICAL INVESTIGATOR.....☒

23C. DATE SIGNED

March 27, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 28 1951

William V. Smith

Fred W. Ozajewski

VS 151

7206 M 1930 Eastern Ave 124 R

CCRS 10

CCRS 10

STATIONARY RECORDS



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

400
51 2834

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2834

BIRTH NO.		1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
		CELESTINE GALLOWAY		March 27, 1951	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Maryland			
B. FULL NAME OF HOSPITAL OR INSTITUTION Provident Hospital		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore			
Length of stay in Baltimore		D. STREET ADDRESS (If rural, give location) 1628 McCullough St.			
5. SEX Female	6. COLOR OR RACE Colored	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	B. DATE OF BIRTH JULY 26, 1902	9. AGE (In years last birthday) 48	10. Under 1 Year Months: Days: Hours: Min.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10B. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) HAGERSTOWN, MD	
13. FATHER'S NAME GEORGE WOOD		14. MOTHER'S MAIDEN NAME LUCY FRK		12. CITIZEN OF WHAT COUNTRY? USA	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO.		17. INFORMANT PAULINE WOOD	

18. 422.1 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) DUE TO ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. DUE TO OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		CAUSE OF DEATH (A) Arteriosclerotic Cardiovascular Disease (B) (C)		INTERVAL BETWEEN ONSET AND DEATH	
---	--	---	--	----------------------------------	--

19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)	
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY		21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE Stanley S. Quencher M.D.		23B. CHIEF MEDICAL EXAMINER..... ASSISTANT MEDICAL EXAMINER..... MEDICAL INVESTIGATOR.....		23C. DATE SIGNED March 28, 1951	
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial		24B. DATE Mar. 30/51		24C. NAME OF CEMETERY OR CREMATORY Fairview	
24D. LOCATION (City, town, or county) (State) Charlottesville, Va.		24E. DATE RECEIVED BY LOCAL REGISTRAR MAR 28 1951		24F. REGISTRAR'S SIGNATURE John H. Williams	
24G. FUNERAL DIRECTOR 2400 Edmondson Ave		24H. ADDRESS		24I. SIGNATURE John H. Williams	

PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information must be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2835
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED (Type or Print) Emma B. Burkindine		2. DATE OF DEATH March 26/51	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE Md. B. COUNTY _____	
B. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 3734 Old Frederick Rd.		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Baltimore	
C. Length of stay in Baltimore 14 yrs.		D. STREET ADDRESS (If rural, give location) 3734 Old Frederick Rd.	
5. SEX Female	6. COLOR OR RACE White	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow	8. DATE OF BIRTH April 18/73
10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired) H. W.		10B. KIND OF BUSINESS OR INDUSTRY Own Home	9. AGE (In years last birthday) 77 If Under 1 Year Months: Days If Under 24 Hours Hours: Min.
11. BIRTHPLACE (State or foreign country) Maryland		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME Samuel Stewart		14. MOTHER'S MAIDEN NAME Rosanna Herman	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Wm. Gayo, 3734 Old Frederick Rd.		ADDRESS	

18. 163X DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) CAUSE OF DEATH (A) Carcinoma lung DUE TO ANTECEDENT CAUSES (B) Bronchopneumonia DUE TO (C) _____ DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH
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19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21A. ACCIDENT WAS UNDER- LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH	21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		
21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21F. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from May 29, 1949 to March 26, 1951, that I last saw the deceased alive on March 25, 1951, and that death occurred at _____ m., from the causes and on the date stated above.				
23A. SIGNATURE Milton Secorish, M. O.		23B. ADDRESS 1429 W Fayette St		23C. DATE SIGNED 3/27/51
24A. BURIAL, CREMATION, REMOVAL (Specify) Burial	24B. DATE 3/29/51	24C. NAME OF CEMETERY OR CREMATORY St. John's	24D. LOCATION (City, town, or county) (State) Kingsville, Md.	

DATE RECEIVED BY LOCAL REGISTRAR MAR 28 1951	REGISTRAR'S SIGNATURE Huntington Williams, M.D.	25. FUNERAL DIRECTOR Harry J. Rutledge	ADDRESS 4101 Edmondson Ave.
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PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2836

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Stanley

SHEGON

2. DATE
OF
DEATH

March 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Dispensary Key Highway
Bethlehem Ship Building Co.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

315 Joplin St.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

2-22-1900

9. AGE (in years last birthday)

51

10. Under 1 Year

Months Days

11. Under 24 Hours

Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Burner

10B. KIND OF BUSINESS OR INDUSTRY

Key Highway shipyard

11. BIRTHPLACE (State or foreign country)

Schamokin Pa.

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Jacob

14. MOTHER'S MAIDEN NAME

Katherine

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Veronica Shegon 315 Joplin St

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

March 28, 1951

24A. BURIAL, CREMATION, REBURY (Specify)

24B. DATE

3-31-51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Carmel

24D. LOCATION (City, town, or county)

Pennsylvania

(State)

DATE RECEIVED BY LOCAL REGISTRAR
MAR 28 1951

REGISTRAR'S SIGNATURE

Wilmington Williams, etc.

25. FUNERAL DIRECTOR

403 S. Wolfe

ADDRESS

403 S. Wolfe

V S 151

690 3A

93D

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PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **51 2837**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Thomas Clark.

2. DATE
OF
DEATH

march 25, 1957.

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

1715 Maryland Ave.

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

C

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Labourer.

10B. KIND OF BUSINESS OR INDUSTRY

Construction work

13. FATHER'S NAME

Henry Clark.

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

December 12, 1906

9. AGE (In years last birthday)

11 Under 1 Year 11 Under 24 Hours

11. BIRTHPLACE (State or foreign country)

Virginia.

12. CITIZEN OF WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

Clark.

17. INFORMANT

ADDRESS

Mary Clark. 1715 Maryland Ave.

18. **331X**

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) **Cerebral hemorrhages**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **to**
DUE TO
(C)

INTERVAL BETWEEN ONSET AND DEATH

Mch 22

to Mch 25

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Mch 22, 1957**, to **Mch 25, 1957**, that I last saw the deceased alive on **Mch 25, 1957**, and that death occurred at **6:06 p.m.**, from the causes and on the date stated above.

23A. SIGNATURE

B. Garland Churchill

23B. ADDRESS

1534 Druid Hill Ave

23C. DATE SIGNED

Mch 27, 1957

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

march 29, 1957

24C. NAME OF CEMETERY OR CREMATORY

mt. Auburn

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 28 1957

REGISTRAR'S SIGNATURE

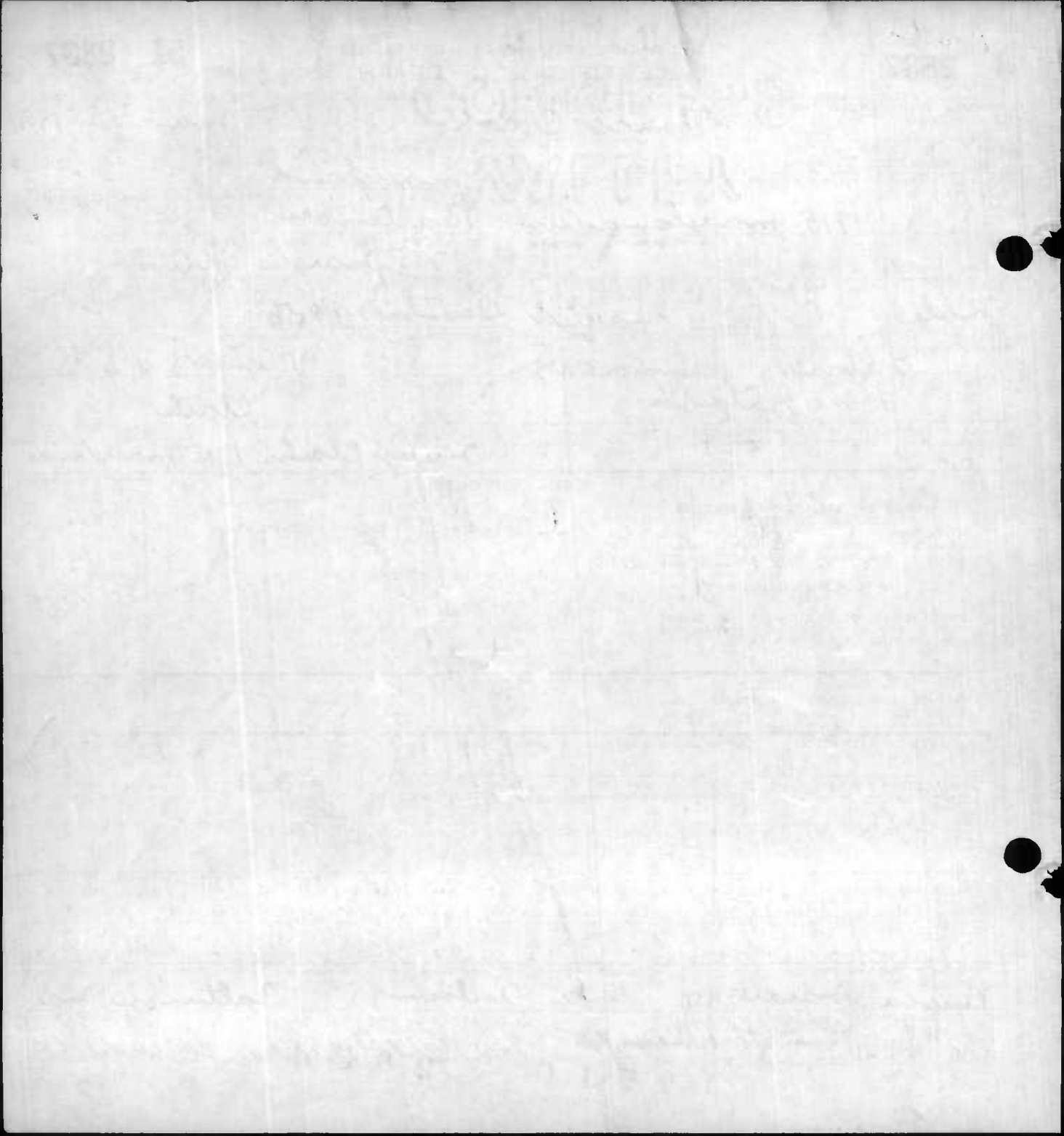
Wm. J. Williams, M.D.

25. FUNERAL DIRECTOR

Mrs. Walter P. Williams

ADDRESS

3227 Schroeder St



PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

4-200
51 2838

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2838

1. NAME OF DECEASED (Type or Print)		2. DATE OF DEATH	
Virginia Townsel Hayes.		march 25, 1951.	
3. PLACE OF DEATH: A. Baltimore City, Maryland		4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) A. STATE B. COUNTY	
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)		C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)	
1122 W. Mulberry St.		Baltimore.	
D. STREET ADDRESS (If rural, give location)		1122 W. Mulberry St.	
5. SEX		6. COLOR OR RACE	
Female		C	
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)		8. DATE OF BIRTH	
married		July 4, 1894	
9. AGE (In years last birthday)		10. UNDER 1 Year Months: Days	
56		11. BIRTHPLACE (State or foreign country)	
100		Richmond, Virginia.	
12. CITIZEN OF WHAT COUNTRY?		U.S.A.	
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
Thomas Knight.		maria ?	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)		16. SOCIAL SECURITY NO.	
no.		17. INFORMANT ADDRESS	
18. 442X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)		Mr. John Hayes. 1122 W. Mulberry St.	
ANTECEDENT CAUSES		CAUSE OF DEATH	
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.		(A) Epilepsy. Hypertension	
(B) Cardio-Vascular-Renal disease 1 year		(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.		INTERVAL BETWEEN ONSET AND DEATH	
19A. DATE OF OPERATION		19B. MAJOR FINDINGS OF OPERATION	
0		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH		21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)		21D. TIME (Month) (Day) (Year) (Hour) OF INJURY	
21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21F. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 2/8, 1950, to 2/25, 1951, that I last saw the deceased alive on 2/27, 1951, and that death occurred at 7P m., from the causes and on the date stated above.		23A. SIGNATURE	
M. D.		23B. ADDRESS	
23C. DATE SIGNED		24A. BURIAL, CREMATION, REMOVAL (Specify)	
2/27/51		24B. DATE	
24C. NAME OF CEMETERY OR CREMATORY		24D. LOCATION (City, town, or county) (State)	
Mt. Auburn		Baltimore, Md..	
DATE RECEIVED BY LOCAL REGISTRAR		REGISTRAR'S SIGNATURE	
MAR 28 1951		M. D.	
25. FUNERAL DIRECTOR		ADDRESS	
M. D.		3229	

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CONFIDENTIAL

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **51 2839**

1. NAME OF DECEASED
(Type or Print) **Christian John Starke**

2. DATE OF DEATH **3-26-51**

3. PLACE OF DEATH:
A. Baltimore City, Maryland **1000 Catonsville**

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE **Md.** B. COUNTY **Baltimore**

B. FULL NAME OF HOSPITAL OR INSTITUTION **Tenkin's Memorial Hosp.**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) **Baltimore 5300**

C. Length of stay in Baltimore **85**

D. STREET ADDRESS (If rural, give location) **110 Montrose Ave - Catonsville**

5. SEX **m**

6. COLOR OR RACE **w**

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) **w**

8. DATE OF BIRTH **5-15-1866**

9. AGE (In years last birthday) **84 yrs**

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Salesman**

10B. KIND OF BUSINESS OR INDUSTRY **Crane Co.**

11. BIRTHPLACE (State or foreign country) **Baltimore Md.**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13. FATHER'S NAME **P.**

14. MOTHER'S MAIDEN NAME **P.**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) **no**

(If yes, give war or dates of service) **none**

16. SOCIAL SECURITY NO. **none**

17. INFORMANT ADDRESS **Lydia Starke - 110 Montrose Ave.**

18. **179X**
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) **Cerebro-respiratory failure**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Generalized Carcinomatosis**
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) **Cerebrum of Paris**

19A. DATE OF OPERATION **0**

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **7/1**, 19**59** to **3/26**, 19**51**, that I last saw the deceased alive on **3/25**, 19**51**, and that death occurred at **5:20 AM.**, from the causes and on the date stated above.

23A. SIGNATURE **John P. Starke M. D.**

23B. ADDRESS **Dr. Starke**

23C. DATE SIGNED **3/26/51**

24A. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

24B. DATE **March 29/51**

24C. NAME OF CEMETERY OR CREMATORY **New Cathedral Cemetery**

24D. LOCATION (City, town, or county) (State) **Old Frederick Rd. Md**

DATE RECEIVED BY LOCAL REGISTRAR **MAR 28 1951**

REGISTRAR'S SIGNATURE **Huntington Williams, Jr.**

25. FUNERAL DIRECTOR

ADDRESS **1216 D. Charles St. Balto. 30 Md. 51**

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STATE OF NEW YORK

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

APPROVED BY THE MEDICAL EXAMINER

51 2841

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

51 2841
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lorenzo, Josephine

2. DATE

OF

DEATH

March 27, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

St. Joseph's

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

2814 Kentucky Ave.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 18, 1883

9. AGE (In years last birthday)

67

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Hwfe.

10B. KIND OF BUSINESS OR INDUSTRY

Own home

11. BIRTHPLACE (State or foreign country)

Tropea, Italy

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Joseph Lorenzo

14. MOTHER'S MAIDEN NAME

Minnie Lorenzo

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Antonio Lorenzo, 2814 Kentucky Avenue

18. 444X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Hypertension

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

CERTIFICATION APPROVED BY

W. Williams
SWEE OR ASST. MEDICAL EXAMINER.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes mellitus

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Mar. 27, 1951 to March 27, 1951 that I last saw the deceased alive on Mar. 27, 1951 and that death occurred at 3:35a.m., from the causes and on the date stated above.

23A. SIGNATURE

B. B. Reese

M. D.

23B. ADDRESS

1100 N. Caroline St.

23C. DATE SIGNED

Mar. 27, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

3/30/51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

Baltimore,

Maryland

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 28 1951

W. G. G. Co. 1217 St. Paul Street

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2842

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

EDWARD Zane WHITAKER

2. DATE
OF
DEATH

March 27, 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

b. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hospital

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

Aug. 30, 1916

9. AGE (In years
last birthday)

34

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Asst. Mgr.

10b. KIND OF BUSINESS OR
INDUSTRY

Cafe

11. BIRTHPLACE (State or foreign country)

Apex, N. Carolina

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

W. A. Whitaker

14. MOTHER'S MAIDEN NAME

Sallie Peeden

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

W.A. Whitaker Winston-Salem, N. Carol

18. 002X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Pulmonary tuberculosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23a. SIGNATURE

23b. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23c. DATE SIGNED

March 27, 1951

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

24b. DATE

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county)

(State)

Burial

3-31-1951

Forsyth Mem. Park

Winston-Salem N. Carolina

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 28 1951

Winston-Salem, N. C.

G. Howard Strong 3207 W. North Ave.,

VS 151

290 6M

13 B ✓

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5183

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[Handwritten signature]

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be as correct as possible. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2843

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Payton

2. DATE
OF DEATH March 7, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Dorchester

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

The Johns Hopkins Hospital

6. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Cambridge

7. STREET ADDRESS (If rural, give location)

508 High Street

8. Length of stay in Baltimore

1 Day

Yrs.
Mos.
Days

9. SEX

Male

10. COLOR OR RACE

Negro

11. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

12. DATE OF BIRTH

3/7/51

13. AGE (In years last birthday)

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

40

14. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Infant

15. KIND OF BUSINESS OR INDUSTRY

16. BIRTHPLACE (State or foreign country)

Maryland

17. CITIZEN OF WHAT COUNTRY?

18. FATHER'S NAME

Salven Payton

19. MOTHER'S MAIDEN NAME

Thelma Cornish

565589

20. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

21. SOCIAL SECURITY NO.

22. INFORMANT

Hospital Records

ADDRESS

23. 761.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Asphyxia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Mid forceps extraction

(C) DUE TO

Uterine inertia

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

24. DATE OF OPERATION

25. MAJOR FINDINGS OF OPERATION

26. AUTOPSY?

YES ☒ NO ☐

27. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

28. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

29. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

30. TIME (Month) (Day) (Year) (Hour) OF INJURY

31. INJURY OCCURRED

32. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

33. I hereby certify that I attended the deceased from 3/7, 1951, to 3/7, 1951, that I last saw the deceased alive on 3/7, 1951 and that death occurred at 3:45 P.M., from the causes and on the date stated above.

34. SIGNATURE

George W. Corner, Jr. M. D.

35. ADDRESS

The Johns Hopkins Hospital

36. DATE SIGNED

3/7/51

37. BURIAL, CREMATION, REMOVAL (Specify)

38. DATE

39. NAME OF CEMETERY OR CREMATORY

40. LOCATION (City, town, or county)

(State)

41. DATE RECEIVED BY LOCAL REGISTRAR

42. REGISTRAR'S SIGNATURE

43. FUNERAL DIRECTOR

ADDRESS

MAR 28 1951

44. 1951-10002840

1111
1111
1111

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MED. EXAM, CASE TO HOSP. "TO BE APPROVED"

BALTIMORE CITY HEALTH DEPARTMENT

51 2844

BIRTH NO.

CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED
(Type or Print)

2. DATE
OF
DEATH

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution, residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

(If not in hospital or institution, give street address or location)

C. CITY OR TOWN

(If outside corporate limits, write full R. L. and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

10. Under 1 Year
Months Days
11. Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

8 mos

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from DOA, 19, to 3/23, 1951, that I last saw the
deceased alive on DOA, 19, and that death occurred at m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 28 1951

Thurston Williams, M.D.

0002841

NOT A MEDICAL EXAMINER'S CASE

R. F. Fisher

M.D.

CHIEF OR ASST. MEDICAL EXAMINER

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Baby Boy Der

2. DATE
OF
DEATH

March 17, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland B. COUNTY Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Union Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

3318 Ayrdale Ave.

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

Chinese

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

March 17, 1951

9. AGE (In years last birthday)

10 Under 1 Year Months Days

11 Under 24 Hours Hours Min.

3 30

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U. S.

13. FATHER'S NAME

Tell Bin Der

14. MOTHER'S MAIDEN NAME

Yee Der

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 761.0 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Biliary Obstruction
DUE TO

3'30"

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Contagious febrile reaction
DUE TO
(C) Third-degree delirium

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Mar. 17, 1951, to Mar. 17, 1951, that I last saw the deceased alive on Mar. 17, 1951, and that death occurred at 4:35 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

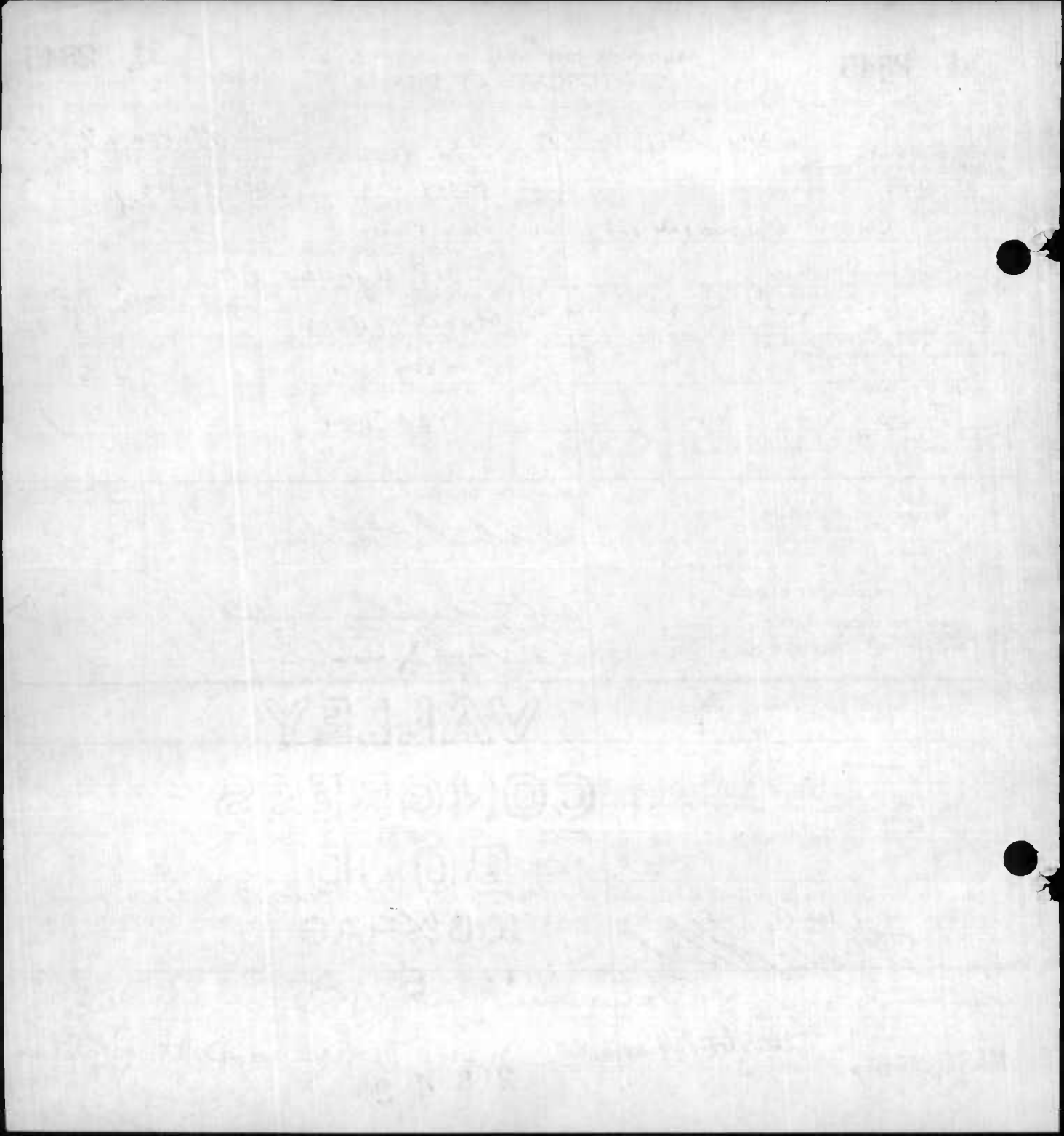
25. FUNERAL DIRECTOR

ADDRESS

VS 150

28 2 2

160c



correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2846

51-1468846
BIRTH NO. 51-06182

1. NAME OF DECEASED
(Type or Print)

Baby Boy (Margaret) Washington

2. DATE
OF
DEATH Mar. 21, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION Baltimore City Hospitals
4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY X

C. CITY OR TOWN (If outside corporate limits, give RURAL and give township)
Baltimore 26-06

D. STREET ADDRESS (If rural, give location)
5809 Hawk Ct. (24)

C. Length of stay in Baltimore Life
Yrs. Mos. Days

5. SEX Male 6. COLOR OR RACE Negro 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

8. DATE OF BIRTH
Mar. 21, 1951

9. AGE (In years last birthday) 2 52
If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)
Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME
Chester Washington

14. MOTHER'S MAIDEN NAME
Margaret Sanders

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS
Baltimore City Hospitals
Records: 4940 Eastern Avenue

18. 7625 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

(A) Congenital Atelectasis

Life

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Prematurity

Life

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3-21-1951 to 3-21-1951, that I last saw the deceased alive on 3-21-1951 and that death occurred at 9:22a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D. 4940 Eastern Avenue

3-22-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Cremation

3-22-51

B.C.H. Crematory

4940 Eastern Avenue

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 28 1951

Thurston Williams, M.D.

2 2 2 8 4 3

WALLLEY

CONCRETE

LEWIS

DOORWAY

U.S.A.

U.S.A.

PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2847

Registered No.

51 2847

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Baby GIRL WILDES

2. DATE
OF
DEATH

MAR 27, 51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

HLH - PRE NUR.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
MARYLAND

B. COUNTY
Harford

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

HAYRE DE GRACE

D. STREET ADDRESS (If rural, give location)

Rt 1

6200

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

3/26/51

9. AGE (In years
last birthday)

11 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Betty

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 376X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A)

Prematurity

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNOER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK WORK AT WORK

22. I hereby certify that I attended the deceased from 3-26-1951, to 3-27-1951, that I last saw the
deceased alive on 3-27, 1951, and that death occurred at 2-11 a. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Wilton Prystowsky, M.D.

JOHNS HOPKINS HOSPITAL

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 28 1951

Wilmington, Delaware

2844

VS 150

Hospital Disposal

159

1985 12

1985 12 15

1985 12 15

1985 12 15

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1985 12 15

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1985 12 15

1985 12 15

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1985 12 15

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1985 12 15

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

543

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No. 51 2848

BIRTH NO. 51 2848 51-06510

| | | | | | |
|--|----------------------------------|--|--|--|--|
| 1. NAME OF DECEASED
(Type or Print)
Hamilton | | | 2. DATE OF DEATH
March 23, 1951 | | |
| 3. PLACE OF DEATH:
a. Baltimore City, Maryland | | | 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
a. STATE Maryland
b. COUNTY 9-09 | | |
| b. FULL NAME OF HOSPITAL OR INSTITUTION
The Johns Hopkins Hospital | | | c. CITY OR TOWN (If outside corporate limits, give RURAL and give township)
Baltimore | | |
| c. Length of stay in Baltimore
Yrs.
Mos.
Days | | | d. STREET ADDRESS (If rural, give location)
1325 North Central Avenue | | |
| 5. SEX
Male | 6. COLOR OR RACE
Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Single | 8. DATE OF BIRTH
3/23/51 | | 9. AGE (In years last birthday)
7 22 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Infant | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country)
Maryland | |
| 13. FATHER'S NAME
Leon Hamilton | | | 14. MOTHER'S MAIDEN NAME
Maggie Jackson | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
No | | | 16. SOCIAL SECURITY NO.
- | | |
| 17. INFORMANT
Hospital Records | | | ADDRESS
454013 | | |

| | | |
|---|--|----------------------------------|
| 18. 776X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Immaturity
DUE TO
Premature labor | | INTERVAL BETWEEN ONSET AND DEATH |
| ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | | |

| | | | | | |
|---|--|---|--|---|--|
| 19a. DATE OF OPERATION
✓ | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY?
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/> | | 21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) | |
| 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY | | 21e. INJURY OCCURRED
WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from 3/23/ , 19 51 to 3/23/ , 19 51 , that I last saw the deceased alive on 3/23/ , 19 51 and that death occurred at 2:35 P.m. , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE
George W. Corner, Jr. | | 23b. ADDRESS
The Johns Hopkins Hospital | | 23c. DATE SIGNED
3/26/51 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE | | 24c. NAME OF CEMETERY OR CREMATORY
Hope Deford | |
| 24d. LOCATION (City, town, or county) | | 24e. DATE RECEIVED BY LOCAL REGISTRAR
MAR 28 1951 | | 24f. REGISTRAR'S SIGNATURE
Wilmington Williams, Jr. | |
| 25. FUNERAL DIRECTOR | | ADDRESS | | 25. FUNERAL DIRECTOR
0 0 0 2 8 4 5 | |

~~SECRET~~

10/14/47

TO: SAC, NEW YORK
FROM: SAC, NEW YORK
SUBJECT: [Illegible]
[Illegible text follows]

[Illegible text follows]

NEW YORK, NEW YORK
[Illegible text follows]

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2849
Registered No.

425
51 2849 51-06506
BIRTH NO.

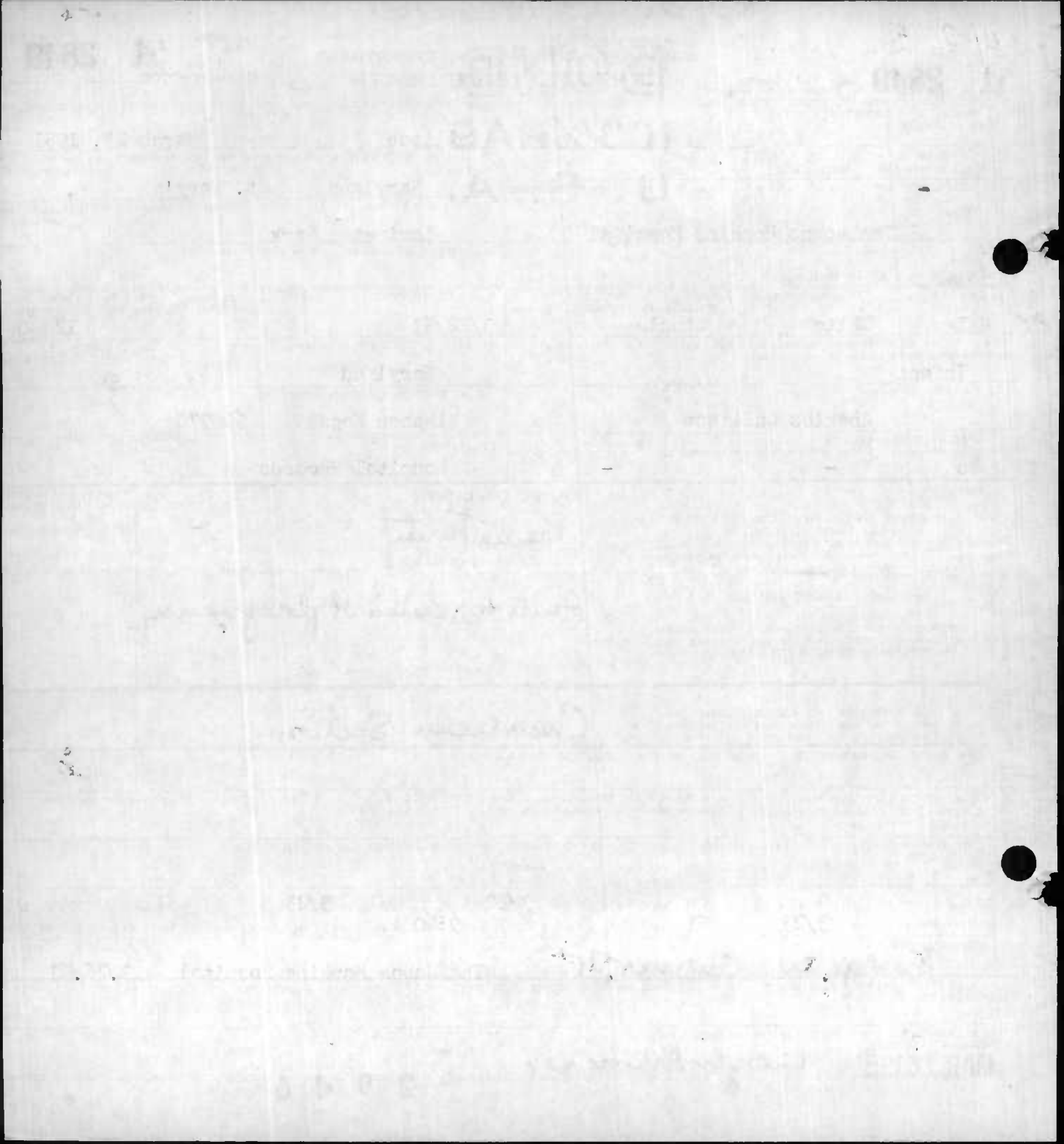
| | | | |
|---|---------------------------|---|-------------------------------|
| 1. NAME OF DECEASED
(Type or Print) | | 2. DATE OF DEATH
Cullison March 23, 1951 | |
| 3. PLACE OF DEATH:
A. Baltimore City, Maryland | | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY St. Mary's | |
| B. FULL NAME OF HOSPITAL OR INSTITUTION
The Johns Hopkins Hospital | | C. CITY OR TOWN
Lexington Park | |
| D. STREET ADDRESS (If rural, give location)
6800 | | E. LENGTH OF STAY IN BALTIMORE
Yrs. Mos. Days | |
| 5. SEX
Male | 6. COLOR OR RACE
White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Single | 8. DATE OF BIRTH
3/22/51 |
| 9. AGE (In years last birthday) | | 10. UNDER 1 YEAR Months Days | 11. UNDER 24 HOURS Hours Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Infant | | 10B. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (State or foreign country)
Maryland | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13. FATHER'S NAME
Charles Cullison | | 14. MOTHER'S MAIDEN NAME
Eleanor Hogan 566970 | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
No | | 16. SOCIAL SECURITY NO.
- | |
| 17. INFORMANT
Hospital Records | | ADDRESS | |

| | | |
|---|--|----------------------------------|
| 18. 761.5
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | CAUSE OF DEATH
(A) Prematurity
DUE TO
(B) Acute toxemia of pregnancy
DUE TO
(C) Caesarean Section | INTERVAL BETWEEN ONSET AND DEATH |
|---|--|----------------------------------|

| | | | | |
|---|--|---|--|---|
| 19A. DATE OF OPERATION | | 19B. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY?
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH | | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | | 21E. INJURY OCCURRED
WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21F. HOW DID INJURY OCCUR? |
| 22. I hereby certify that I attended the deceased from 3/22, 1951, to 3/23, 1951, that I last saw the deceased alive on 3/23, 1951, and that death occurred at 9:40 A.M., from the causes and on the date stated above. | | | | |
| 23A. SIGNATURE
George W. Corner Jr. | | 23B. ADDRESS
The Johns Hopkins Hospital | | 23C. DATE SIGNED
3/26/51 |

| | | | |
|---|-----------|---|---|
| 24A. BURIAL, CREMATION, REMOVAL (Specify) | 24B. DATE | 24C. NAME OF CEMETERY OR CREMATORY
Hop. Burial | 24D. LOCATION (City, town, or county) (State) |
|---|-----------|---|---|

| | | | |
|---|--|----------------------|---------|
| DATE RECEIVED BY LOCAL REGISTRAR
MAR 28 1951 | REGISTRAR'S SIGNATURE
Huntington Williams, M.D. | 25. FUNERAL DIRECTOR | ADDRESS |
|---|--|----------------------|---------|



PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. _____

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Margaret A. Dailey

2. DATE

OF
DEATH March 23rd., 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence

A. STATE

Maryland

B. COUNTY

City

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION 2305 Aisquith Street

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2305 Aisquith Street

c. Length of stay in Baltimore

50 Yrs.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

Dec. 13, 1871

9. AGE (In years
last birthday)

79

10. Under 1 Year
Months: Days
3 15

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
At home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Western Port, Maryland

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME

Michael Flanigan

14. MOTHER'S MAIDEN NAME

Sarah Navin

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
No None

16. SOCIAL
SECURITY NO.
None

17. INFORMANT

ADDRESS

Mrs. Margaret M. Hurtt-2305 Aisquith St.

18. 170x

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma of left Breast
DUE TO metastasis to left lung
and stomach

INTERVAL BETWEEN
ONSET AND DEATH

3 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

no

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

none

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 15, 1948, to March 28, 1951, that I last saw the
deceased alive on April 25, 1951, and that death occurred at 10 A m., from the causes and on the date stated above.

23A. SIGNATURE

R. L. Gordy

M. D.

23B. ADDRESS

5106 Harford Road

23C. DATE SIGNED

3-28-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

March 31, 1951

24C. NAME OF CEMETERY OR CREMATORY

St. Peter's Cemetery

24D. LOCATION (City, town, or county)

Western Port, Alleg. Co. Md.

(State)

DATE RECEIVED BY REGISTER'S SIGNATURE

LOCAL REGISTRAR

MAR 28 1951

25. FUNERAL DIRECTOR

George A. Roth, Inc. 1735 Harford Avenue
Balto. Md.

0223 12

0223 12

DEPARTMENT OF HEALTH
CERTIFICATE OF DEATH

| | | | | | | | |
|---------------------------|--|-----------------------------------|--|--------------------------|--|---------------------------|--|
| 1. Name of deceased | | 2. Sex | | 3. Age | | 4. Date of death | |
| 5. Place of death | | 6. Cause of death | | 7. Manner of death | | 8. Signature of physician | |
| 9. Signature of registrar | | 10. Signature of medical examiner | | 11. Signature of coroner | | 12. Signature of jury | |
| 13. Signature of witness | | 14. Signature of witness | | 15. Signature of witness | | 16. Signature of witness | |
| 17. Signature of witness | | 18. Signature of witness | | 19. Signature of witness | | 20. Signature of witness | |
| 21. Signature of witness | | 22. Signature of witness | | 23. Signature of witness | | 24. Signature of witness | |
| 25. Signature of witness | | 26. Signature of witness | | 27. Signature of witness | | 28. Signature of witness | |
| 29. Signature of witness | | 30. Signature of witness | | 31. Signature of witness | | 32. Signature of witness | |
| 33. Signature of witness | | 34. Signature of witness | | 35. Signature of witness | | 36. Signature of witness | |
| 37. Signature of witness | | 38. Signature of witness | | 39. Signature of witness | | 40. Signature of witness | |
| 41. Signature of witness | | 42. Signature of witness | | 43. Signature of witness | | 44. Signature of witness | |
| 45. Signature of witness | | 46. Signature of witness | | 47. Signature of witness | | 48. Signature of witness | |
| 49. Signature of witness | | 50. Signature of witness | | 51. Signature of witness | | 52. Signature of witness | |
| 53. Signature of witness | | 54. Signature of witness | | 55. Signature of witness | | 56. Signature of witness | |
| 57. Signature of witness | | 58. Signature of witness | | 59. Signature of witness | | 60. Signature of witness | |
| 61. Signature of witness | | 62. Signature of witness | | 63. Signature of witness | | 64. Signature of witness | |
| 65. Signature of witness | | 66. Signature of witness | | 67. Signature of witness | | 68. Signature of witness | |
| 69. Signature of witness | | 70. Signature of witness | | 71. Signature of witness | | 72. Signature of witness | |
| 73. Signature of witness | | 74. Signature of witness | | 75. Signature of witness | | 76. Signature of witness | |
| 77. Signature of witness | | 78. Signature of witness | | 79. Signature of witness | | 80. Signature of witness | |
| 81. Signature of witness | | 82. Signature of witness | | 83. Signature of witness | | 84. Signature of witness | |
| 85. Signature of witness | | 86. Signature of witness | | 87. Signature of witness | | 88. Signature of witness | |
| 89. Signature of witness | | 90. Signature of witness | | 91. Signature of witness | | 92. Signature of witness | |
| 93. Signature of witness | | 94. Signature of witness | | 95. Signature of witness | | 96. Signature of witness | |
| 97. Signature of witness | | 98. Signature of witness | | 99. Signature of witness | | 100. Signature of witness | |

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2851

520
51 2851

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ARTHUR J JONES

2. DATE
OF
DEATH

MAR 26 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Mercy Hosp

30

Yrs.
Mos.
Days

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Own business. Ice

10B. KIND OF BUSINESS OR INDUSTRY

None

13. FATHER'S NAME

Winfield Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
213-30-8409

17. INFORMANT

ADDRESS

18. 162X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Carcinoma of Lung
C generalized and

2 1/2 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Cerebral metastases

4 mos

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

October 1948

19B. MAJOR FINDINGS OF OPERATION

Left Pneumectomy - Carcinoma of Lung

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 13, 1951, to Nov 26, 1951, that I last saw the deceased alive on Nov 26, 1951, and that death occurred at 5:33 Pm., from the causes and on the date stated above.

23A. SIGNATURE

Leonard G. Montgomery

M. D.

23B. ADDRESS

Mercy Hosp

23C. DATE SIGNED

Nov 26 '51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

March 30 1951

24C. NAME OF CEMETERY OR CREMATORY

Morelands Park

24D. LOCATION (City, town, or county)

Baltimore Co.

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 28 1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. McMiller Jenkins 82713 Kirk Ave.

ADDRESS

1783

1783

STANDARD OF FACILITIES

[The body of the document contains several paragraphs of extremely faint, illegible text, likely bleed-through from the reverse side. The text is too light to transcribe accurately.]

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

636
51 2852

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2852

| | | | | | |
|--|--|---|--|--|--|
| BIRTH NO. | | 1. NAME OF DECEASED
(Type or Print) | | 2. DATE OF DEATH | |
| | | James Albert Carter | | March 28, 1951 | |
| 3. PLACE OF DEATH:
A. Baltimore City, Maryland | | | | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
B. COUNTY | |
| B. FULL NAME OF HOSPITAL OR INSTITUTION
U.S. Marine Hospital, Baltimore, Md. | | | | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Chester | |
| D. STREET ADDRESS (If rural, give location)
107 W. Mowry Street | | | | | |
| c. Length of stay in Baltimore
46 Days | | 5. SEX
Male | | 6. COLOR OR RACE
White | |
| 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married | | 8. DATE OF BIRTH
Feb. 5, 1904 | | 9. AGE (In years last birthday)
47 | |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Pumpman | | 10B. KIND OF BUSINESS OR INDUSTRY
Seafaring | | 11. BIRTHPLACE (State or foreign country)
Pennsylvania | |
| 13. FATHER'S NAME
William Carter | | 12. CITIZEN OF WHAT COUNTRY?
USA | | 14. MOTHER'S MAIDEN NAME
Mollie Duffy | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
Yes | | 16. SOCIAL SECURITY NO.
-- | | 17. INFORMANT
Records - US Marine Hospital, Balto., Md. | |
| 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)
Obstructive jaundice and hepatitis subacute due to | | CAUSE OF DEATH
(A) DUE TO | | INTERVAL BETWEEN ONSET AND DEATH
Unknown | |
| ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
Adenocarcinoma of cystic duct. | | (B) DUE TO | | Unknown | |
| (C) DUE TO | | | | | |
| II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | | | | | |
| 19A. DATE OF OPERATION | | 19B. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY?
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH | | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) | |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | | 21E. INJURY OCCURRED
WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21F. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from Feb. 19 1951, to Mar. 28 1951, that I last saw the deceased alive on Mar. 28, 1951, and that death occurred at 2:30 M., from the causes and on the date stated above. | | | | | |
| 23A. SIGNATURE
W. B. Burdington | | 23B. ADDRESS
US Marine Hospital, Balto., Md. | | 23C. DATE SIGNED
Mar. 28, 1951 | |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)
Removal | | 24B. DATE
3-28-51 | | 24C. NAME OF CEMETERY OR CREMATORY
Bean Burial Tunnel | |
| 24D. LOCATION (City, town, or county)
Indianapolis Ind. | | 24E. DATE RECEIVED BY LOCAL REGISTRAR
MAR 29 1951 | | 24F. REGISTRAR'S SIGNATURE
Huntington Williams, Jr. | |
| 25. FUNERAL DIRECTOR
Ray D. Wolcott | | 25. ADDRESS | | | |

583 55 403-6-23-51 SL 46F

[Faint, illegible handwritten notes at the bottom of the page]

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians write the causes of death clearly and legibly.

RAVINOWICH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2853

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Victor Ravinowich

2. DATE
OF
DEATH

March 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

Rio De Janeiro Brazil

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Rio De Janeiro Brazil

D. STREET ADDRESS (If rural, give location)

7-05

c. Length of stay in Baltimore

15

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

8-24-29

9. AGE (In years
last birthday)

21

If Under 1 Year
Months Days

If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

Sick -

11. BIRTHPLACE (State or foreign country)

California

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Isidor Ravinowich

14. MOTHER'S MAIDEN NAME

Maria Chabim

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL
SECURITY NO.

No

17. INFORMANT ADDRESS

JOHNS HOPKINS HOSPITAL

18. 002X and 754.0
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) Massive Hemorrhage
DUE TO Operation of Rt. Pneumectomy
and Rt. Pulmonary Sublobectomy
(B) Congenital Heart Disease
DUE TO Tetralogy of Fallot
(C) Rt. Pulmonary Tuberculosis

INTERVAL BETWEEN
ONSET AND DEATH

15 minutes

6 hours

21 years

5 years

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

28th March 1951

19B. MAJOR FINDINGS OF OPERATION

ORT. Pulmonary Tuberculosis (2) Tetralogy of Fallot

20. AUTOPSY?

YES ☒ ND ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

No

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-18, 1951, to 3-28, 1951, that I last saw the deceased alive on 3-28, 1951, and that death occurred at 8:20 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Edna. Nausea F.R.C.S.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3-29-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Cremation

24B. DATE

March 29-51

24C. NAME OF CEMETERY OR CREMATORY

Greenmount

24D. LOCATION (City, town, or county) (State)

Greenmount & North up

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 29 1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Earl E. Wolcott

ADDRESS

403-E-25th St.

[Faint, illegible handwriting throughout the page, likely bleed-through from the reverse side.]

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **51 2854**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JENNY (Stella) SMITH

2. DATE
OF
DEATH

March 26, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland **1714 W. Pratt St.**

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1714 W. Pratt Street

C. Length of stay in Baltimore

45 years

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

married

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Hairdresses

10B. KIND OF BUSINESS OR INDUSTRY

Beauty Shop

13. FATHER'S NAME

William Dober

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

215-01-8211

8. DATE OF BIRTH

April 4, 1906

9. AGE (In years last birthday)

45

11 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

U. S.

14. MOTHER'S MAIDEN NAME

Clementina Kaunas

17. INFORMANT

ADDRESS

Michael Smith

1714 W. Pratt St.

18. **434-1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Congestive heart failure**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, **accident** ☐, **suicide** ☐, **homicide** ☐, **undetermined** ☐.

23A. SIGNATURE

William J. Smith

M.D.

23B. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

March 27, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

March 29, 1951 Holy Redeemer

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Belair Road Baltimore Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston Williams

25. FUNERAL DIRECTOR

ADDRESS

Joseph Kasinskas Inc. 430 Homeland Ave.

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-536

51-146571-2855

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2855
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George Bender(Bendravage)

2. DATE
OF
DEATH

Mar. 26, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland City Hospital

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals
4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

712 Portland St. (Ave.)

E. Length of stay in Baltimore

64 Yrs.

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

April 23, 1878

9. AGE (In years last birthday)

72

10. Under 1 Year Months: Days
11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Presser

10B. KIND OF BUSINESS OR INDUSTRY

Tailor Shop

11. BIRTHPLACE (State or foreign country)

Lithuania

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

?

?

14. MOTHER'S MAIDEN NAME

?

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Avenue

18. 581.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cirrhosis of Liver

DUE TO

over 1 yr.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Arteriosclerotic Cardio Vascular Disease

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-7, 1951, to 3-26, 1951, that I last saw the deceased alive on 3-26, 1951, and that death occurred at 1 p. m., from the causes and on the date stated above.

23A. SIGNATURE

J. S. O'Leary M. D.

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

3-26-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

March 30, 1951 Loudon Park

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Frederick Ave. Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 29 1951

REGISTRAR'S SIGNATURE

Wilmington Williams, Jr.

25. FUNERAL DIRECTOR

Inc.

ADDRESS

Joseph Kasinskas 430 Homeland Ave.

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3835

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WILLIAM

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BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2856

Registered No.

536
51 2856
BIRTH NO.1. NAME OF DECEASED
(Type or Print)

Guy E. Henderson

2. DATE
OF
DEATH

March 26, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

221 N. Liberty Street

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

221 N. Liberty Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months Days Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Arthur B. Henderson

14. MOTHER'S MAIDEN NAME

Emma F. Townsend

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Dorothea Henderson, 221 N. Liberty Street

18. 260X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(A)

DUE TO

(B)

DUE TO

(C)

19A. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐22. I hereby certify that I attended the deceased from Jan 1936 to March 26, 1951 that I last saw the
deceased alive on Dec 24 1951 and that death occurred at 7:37 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

burial

3/29/51

Mountain Christian Cemetery

Harford County, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 29 1951

Huntington Williams, M.D.

Wm. Cook, Jr.

317 St. Paul Street

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500. 5. 1986

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2857

BIRTH NO.

| | | | |
|--|---|--|----------------------------------|
| 1. NAME OF DECEASED
(Type or Print) <i>Anna E. Despreaux</i> | | 2. DATE OF DEATH <i>3/27/51 1:45 P.M.</i> | |
| 3. PLACE OF DEATH:
A. Baltimore City, Maryland | | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE <i>Md.</i> B. COUNTY | |
| B. FULL NAME OF HOSPITAL OR INSTITUTION <i>206 E. 32nd St.</i> | | C. CITY OR TOWN (If outside corporate limits, write full name and give township) <i>Balto 12-02</i> | |
| 5. Length of stay in Baltimore | | D. STREET ADDRESS (If rural, give location) <i>206 E. 32nd St.</i> | |
| 5. SEX <i>Female</i> | 6. COLOR OR RACE <i>White</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i> | 8. DATE OF BIRTH <i>4/4/1899</i> |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i> | 10B. KIND OF BUSINESS OR INDUSTRY <i>Own Home</i> | 11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i> | 12. CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME <i>Robert T. Walker</i> | | 14. MOTHER'S MAIDEN NAME <i>Mary Sinskey</i> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i> | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT <i>John Despreaux</i> | | ADDRESS <i>206 E. 32nd St.</i> | |

MEDICAL CERTIFICATION

| | | |
|--|---|--|
| 18. <i>290.0</i>
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
<i>Coronary Occlusion</i> | CAUSE OF DEATH
<i>Coronary Occlusion</i> | INTERVAL BETWEEN ONSET AND DEATH
<i>30 min.</i> |
| ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
<i>Pernicious Anemia</i> | DUE TO
<i>Pernicious Anemia</i> | <i>6 yrs.</i> |
| <i>Migraine</i> | DUE TO
<i>Migraine</i> | <i>34 yrs.</i> |
| II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | | |

| | | |
|--|--|--|
| 19A. DATE OF OPERATION <i>1927. 1945</i> | 19B. MAJOR FINDINGS OF OPERATION <i>27 Myo. to Uter. 45 Abdominal Cancerous Lump at Uterus</i> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/> | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR? |
| 22. I hereby certify that I attended the deceased from <i>1934</i> to <i>Mar. 27</i> , 1951, that I last saw the deceased alive on <i>Mar 27</i> , 1951, and that death occurred at <i>1:45</i> p. m., from the causes and on the date stated above. | | |
| 23A. SIGNATURE <i>Harry Liden</i> | 23B. ADDRESS <i>14 S. Broadway</i> | 23C. DATE SIGNED |

| | | | |
|---|---|---|--|
| 24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | 24B. DATE <i>3/29/51</i> | 24C. NAME OF CEMETERY OR CREMATORY <i>Moreland Park</i> | 24D. LOCATION (City, town, or county) (State) <i>Parkville Md.</i> |
| DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 29 1951</i> | REGISTRAR'S SIGNATURE <i>Huntington Williams, Md.</i> | 25. FUNERAL DIRECTOR <i>Wm Cook Inc.</i> | ADDRESS <i>1217 St. Paul St.</i> |

94a

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ASIDE

516

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2858

51 2858

Registered No. _____

BIRTH NO. _____

| | | | |
|--|----------------------------------|--|--|
| 1. NAME OF DECEASED
(Type or Print)
George W. Ambrose, Jr. | | 2. DATE OF DEATH
March 27, 1951 | |
| 3. PLACE OF DEATH:
A. Baltimore City, Maryland | | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY _____ | |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)
5809 Ethelbert Avenue | | C. CITY OR TOWN (If outside corporate limits, with RURAL and give township)
Baltimore | |
| c. Length of stay in Baltimore
Yrs. _____
Mos. _____
Days _____ | | D. STREET ADDRESS (If rural, give location)
5809 Ethelbert Avenue | |
| 5. SEX
male | 6. COLOR OR RACE
white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married | 8. DATE OF BIRTH
Sept. 26, 1877 |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired - Bricklayer | | 10B. KIND OF BUSINESS OR INDUSTRY | 9. AGE (In years last birthday)
73 |
| 11. BIRTHPLACE (State or foreign country)
Reisterstown, Maryland | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13. FATHER'S NAME
George W. Ambrose | | 14. MOTHER'S MAIDEN NAME
Ella Unknown | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT
Leon Ambrose, 438 Main St., Reisterstown, Md. | | ADDRESS | |

| | | |
|--|--|--|
| 18. 002 X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Pulmonary Tuberculosis
DUE TO
(A) _____
(B) _____
(C) _____ | | INTERVAL BETWEEN ONSET AND DEATH
2 years |
| II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | | |

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| 19A. DATE OF OPERATION
0 | | 19B. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY?
YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/> | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) | | |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | 21E. INJURY OCCURRED
WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR? | | |
| 22. I hereby certify that I attended the deceased from March 7, 1951 , to March 27, 1951 , that I last saw the deceased alive on March 27, 1951 , and that death occurred at 7 p.m. , from the causes and on the date stated above. | | | | |
| 23A. SIGNATURE
Thaniel Lewis | | 23B. ADDRESS
4818 Reisterstown Rd. | | 23C. DATE SIGNED
3/28/51 |

| | | | |
|--|--|--|--|
| 24A. BURIAL, CREMATION, REMOVAL (Specify)
burial | 24B. DATE
3/31/51 | 24C. NAME OF CEMETERY OR CREMATORY
All Saints Cemetery | 24D. LOCATION (City, town, or county) (State)
Reisterstown, Maryland |
| DATE RECEIVED BY LOCAL REGISTRAR
MAR 29 1951 | REGISTRAR'S SIGNATURE
Arthur J. Williams, M.D. | 25. FUNERAL DIRECTOR
St. Paul Street | |

VS 150

504 24

13 B

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly. correct age is especially important.

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PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be as clearly and legibly correct as possible. Physicians: please write the causes of death clearly and legibly.

452
51 2859

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2859

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Thomas W. Helms (Tom Helms)

2. DATE
OF
DEATH

MARCH 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

South Baltimore General Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

5/29/1892

9. AGE (In years
last birthday)

58

If Under 1 Year
Months Days

If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Mechanic

10B. KIND OF BUSINESS OR
INDUSTRY

Wm. E. Harper

11. BIRTHPLACE (State or foreign country)

North Carolina

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Wm. E. Helms

14. MOTHER'S MAIDEN NAME

Twins (M)

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

207-01-5801

17. INFORMANT

Edith Helms, 1624 Poplar St

ADDRESS

18. H70

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary occlusion & infarction

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Coronary atherosclerosis

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

22. I hereby certify that I attended the deceased from 12/20/51, 19, to 3-28, 1957, that I last saw the
deceased alive on 3-28-57, 19, and that death occurred at 2:50 P.m., from the causes and on the date stated above.

23A. SIGNATURE

Edith Helms (P.C.D. Quirin)

M.O.

23B. ADDRESS

1213 Light Street

23C. DATE SIGNED

3/28/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3/29/51

24C. NAME OF CEMETERY OR CREMATORY

Concord

24D. LOCATION (City, town, or county)

Concord N.C.

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 29 1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

1217 Paul St

ADDRESS

0285 10

0285 10

VILLAGE

2000 1000

1000 1000

1000 1000

1000 1000

1000 1000

1000 1000

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1000 1000

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2860

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

IDA

WHEATLEY

2. DATE
OF
DEATH

March 26, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Johns Hopkins Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

June 26, 1884

9. AGE (In years
last birthday)

66

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

13. FATHER'S NAME

Grafton Quickley

14. MOTHER'S MAIDEN NAME

Eliabzeth Johnson

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Elizabeth Crowell 1100 E.

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry, and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
M.D. ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

March 27, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 29 1951

Wilmington, Delaware

Mrs. Francis C. Semler

578 W. Biddle St.

VS 151

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93D

U

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

636
51 2861

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2861

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN H. TROTTER

2. DATE
OF
DEATH

March 25, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

718 N. Arlington Ave.

Baltimore

C. Length of stay in Baltimore

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

718 N. Arlington Ave.

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Dec. 17, 1881

9. AGE (In years,
last birthday)

65

If Under 1 Year If Under 24 Hours
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Janitor

10B. KIND OF BUSINESS OR
INDUSTRY

11. FATHER'S NAME

William Trotter

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

U. S. A.

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Ellen Trotter 718 N. Arlington

18. 4/20 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary Artery Disease

?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerosis

?

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

Myocardial Infarction

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

22. I hereby certify that I attended the deceased from April 15, 1951, to March 25, 1951, that I last saw the
deceased alive on March 25, 1951, and that death occurred at 10:16 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3-29-51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cem.

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 29 1951

Huntington Williams, Jr.

Mrs. Frances R. Kennedy

578 W. Biddle St.

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STAGU TO 12-17-75

1282 16

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2862

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2862
Registered No.

| | | | | | |
|---|------------------------------|---|---|--|--|
| 1. NAME OF DECEASED
(Type or Print) JOHN BLANCHARD McCLURE | | | 2. DATE
OF DEATH March 26, 1951 | | |
| 3. PLACE OF DEATH:
A. Baltimore City, Maryland | | | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY | | |
| B. FULL NAME OF HOSPITAL OR INSTITUTION
2921 Fleetwood Avenue | | | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 27-07 | | |
| D. Length of stay in Baltimore Life | | | E. STREET ADDRESS (If rural, give location)
2921 Fleetwood Avenue | | |
| 5. SEX
M | 6. COLOR OR RACE
W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married | B. DATE OF BIRTH
Nov. 11, 1901 | 9. AGE (In years last birthday)
49 | If Under 1 Year Months Days If Under 24 Hours Hours Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Postman | | 10B. KIND OF BUSINESS OR INDUSTRY
U.S. Govt. | 11. BIRTHPLACE (State or foreign country)
Baltimore, Md. | | 12. CITIZEN OF WHAT COUNTRY?
USA |
| 13. FATHER'S NAME
Hezekiah C. McClure | | | 14. MOTHER'S MAIDEN NAME
Anne Elizabeth Jones | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service)
no | | 16. SOCIAL SECURITY NO. | 17. INFORMANT 2921 Fleetwood Avenue
Mrs. Lillian E. McClure ADDRESS | | |

| | | |
|---|--|---|
| 18. 470-1
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Coronary Thrombosis
DUE TO | | INTERVAL BETWEEN ONSET AND DEATH
1 1/2 yrs. |
| ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO | | |
| II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | | |

| | | | | | |
|---|--|--|--|--|--|
| 19A. DATE OF OPERATION
0 | | 19B. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY?
YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/> | | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) | |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21F. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from Mar. 1949 , 19 49 , to Mar. 26 , 19 51 , that I last saw the deceased alive on Mar. 26 , 19 51 , and that death occurred at 8:20 P. m., from the causes and on the date stated above. | | | | | |
| 23A. SIGNATURE
Nathan Janney | | 23B. ADDRESS
7101 Harford Rd. | | 23C. DATE SIGNED
3/28/51 | |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)
burial | | 24B. DATE
3/29/51 | | 24C. NAME OF CEMETERY OR CREMATORY
Oak Lawn Cemetery | |
| | | | | 24D. LOCATION (City, town, or county) (State)
Baltimore, Md. | |

| | | | |
|--|--|--|----------------------------------|
| DATE RECEIVED BY LOCAL REGISTRAR
MAR 29 1951 | REGISTRAR'S SIGNATURE
W. H. Williams | 25. FUNERAL DIRECTOR
HENRY SANDER & SONS, INC. | ADDRESS
BALTO. 13, MD. |
|--|--|--|----------------------------------|

SDS

SDS

UNITED STATES

DEPARTMENT OF

THE ARMY

OFFICE OF

THE ADJUTANT GENERAL

WASHINGTON, D. C.

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PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **51 2863**

| | | | |
|---|----------------------------------|---|---|
| 1. NAME OF DECEASED
(Type or Print) George Murray (George B. Murray) | | 2. DATE OF DEATH March 27, 1951
3227-51 | |
| 3. PLACE OF DEATH:
A. Baltimore City, Maryland | | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY Baltimore | |
| B. FULL NAME OF HOSPITAL OR INSTITUTION
Baltimore City Hospitals | | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore | |
| D. STREET ADDRESS (If rural, give location)
Baltimore City Hospitals | | E. LENGTH OF STAY IN BALTIMORE
9 Yrs. | |
| 5. SEX
Male | 6. COLOR OR RACE
White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widower | 8. DATE OF BIRTH
Aug. 2, 1884 |
| 9. AGE (in years last birthday)
66 | | 10. UNDER 1 Year Months Days
11. UNDER 24 Hours Hours Min. | |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Off. clerk | | 10B. KIND OF BUSINESS OR INDUSTRY
Beth. Steel Co. | |
| 11. BIRTHPLACE (State or foreign country)
Michigan | | 12. CITIZEN OF WHAT COUNTRY?
USA | |
| 13. FATHER'S NAME
James Murray | | 14. MOTHER'S MAIDEN NAME
Katherine Sullivan | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no | | 16. SOCIAL SECURITY NO.
? | |
| 17. INFORMANT
RECORDS* Balto City Hospitals | | ADDRESS 4940 Eastern Ave. | |
| 18. 4700 I CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Arteriosclerotic Heart Disease
DUE TO
25 yrs.
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | | | |
| 19A. DATE OF OPERATION | | 19B. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY?
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH | | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | |
| 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) | | 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | |
| 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21F. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from 6-16 , 19 48 , to 3-27 , 1951, that I last saw the deceased alive on 3-27 , 1951, and that death occurred at 2:30 P. , from the causes and on the date stated above. | | | |
| 23A. SIGNATURE
G. S. Rogers
M. D. | | 23B. ADDRESS
4940 Eastern Avenue | |
| 23C. DATE SIGNED
3-28-51 | | | |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)
burial | | 24B. DATE
3/31/51 | |
| 24C. NAME OF CEMETERY OR CREMATORY
Greenmount Cemetery | | 24D. LOCATION (City, town, or county) (State)
Baltimore, Md. | |
| DATE RECEIVED BY LOCAL REGISTRAR
MAR 29 1951 | | REGISTRAR'S SIGNATURE
Huntington Williams | |
| FUNERAL DIRECTOR
HENRY SANDER & SONS, INC. | | ADDRESS
BALTO., 13 MD. | |

FORM 12

FORM 12



PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2864

1. NAME OF DECEASED
(Type or Print)

Margaret Riner

2. DATE
OF
DEATH

Mar. 28, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE Va.
B. COUNTY V-43
C. CITY OR TOWN Richmond

D. STREET ADDRESS (If rural, give location)

6000 Chamberlayne Rd

c. Length of stay in Baltimore

5. SEX female
6. COLOR OR RACE white

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
single

8. DATE OF BIRTH
1-12-48

9. AGE (In years last birthday) 3
If Under 1 Year Months Days
If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Va

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Thomas Riner

14. MOTHER'S MAIDEN NAME

Margaret

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

no

17. INFORMANT ADDRESS

JOHNS HOPKINS HOSPITAL

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

Pulmonary Hypertension

INTERVAL BETWEEN ONSET AND DEATH

1 year

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/14, 1951, to 3/28, 1951, that I last saw the deceased alive on 3/28, 1951, and that death occurred at 11:15 a. m., from the causes and on the date stated above.

23A. SIGNATURE
Thomas C. McPherson M. D.

23B. ADDRESS
JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED
3-28-51

24A. BURIAL, CREMATION, REMOVAL (Specify)
Removal

24B. DATE
3/29/51

24C. NAME OF CEMETERY OR CREMATORY
-

24D. LOCATION (City, town, or county) (State)
Richmond, Va.

DATE RECEIVED BY LOCAL REGISTRAR
MAR 29 1951

REGISTRAR'S SIGNATURE
Huntington Williams

25. FUNERAL DIRECTOR
J. M. 2. Scher & Sons - Balt.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

51 2865
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LUCRETIA CARMAN SCHOENEWOLF

2. DATE OF DEATH **March 27, 1951**

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Anderson Nursing Home

C. CITY OR TOWN (If outside corporate limits, write rural and give township)

Baltimore

3604 Mohawk Ave.

D. STREET ADDRESS (If rural, give location)

3604 Mohawk Ave.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months Days
If Under 24 Hours Hours Min.

female

white

widowed

Sept. 26, 1865

85

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

- Joseph Carman

14. MOTHER'S MAIDEN NAME

- Mary Cruser

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
none

17. INFORMANT ADDRESS
Mr. John Schoenewolf - 311 Broadmoor Rd.

18. **420.1**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary thrombosis

1 day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerosis

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?
YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **3-22**, 19**51**, to **3-27**, 19**51**, that I last saw the deceased alive on **3-27**, 19**51**, and that death occurred at **1 P. m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Howard H. Warner

M. D.

3604 Garrison Blvd

3-27-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/29/51

24C. NAME OF CEMETERY OR CREMATORY

Loudon Park Cem.

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 29 1951

Wm. J. Williams

Wm. J. Tiekner & Sons - Balto.

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 2866**

630
51 2866

| | | | |
|---|----------------------------------|--|--|
| 1. NAME OF DECEASED
(Type or Print) HOWARD, Ethel | | 2. DATE OF DEATH 3/24/51 | |
| 3. PLACE OF DEATH:
A. Baltimore City, Maryland Balts. City | | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE md. B. COUNTY | |
| B. FULL NAME OF HOSPITAL OR INSTITUTION Provident | | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 10-0 | |
| c. Length of stay in Baltimore 20 yrs. | | D. STREET ADDRESS (If rural, give location)
1430 E. Madison | |
| 5. SEX
Female | 6. COLOR OR RACE
Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
WIDOWED | 8. DATE OF BIRTH
8/1/1908 |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife | | 10B. KIND OF BUSINESS OR INDUSTRY
at Home | 9. AGE (In years last birthday)
43 |
| 11. BIRTHPLACE (State or foreign country)
Franklin Pa | | 12. CITIZEN OF WHICH COUNTRY?
U.S.A. | |
| 13. FATHER'S NAME
Jerry Ciple | | 14. MOTHER'S MAIDEN NAME
Annie Weaver | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT
Linda Ciple 423 N. Bethel St | | ADDRESS | |

| | | |
|--|--|----------------------------------|
| 18. 330X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Subarachnoid Hemorrhage
DUE TO (A) | | INTERVAL BETWEEN ONSET AND DEATH |
| ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
Hypertension
DUE TO (B) | | |
| (C) | | |
| II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | | |

| | | | | | |
|---|--|--|--|--|--|
| 19A. DATE OF OPERATION 0 | | 19B. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY?
YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/> | | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) | |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21F. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from 3/16 , 19 51 , to 3/24 , 19 51 , that I last saw the deceased alive on 3/24 , 19 51 , and that death occurred at 10⁰⁰ A.m. , from the causes and on the date stated above. | | | | | |
| 23A. SIGNATURE
John H. Holmes III | | 23B. ADDRESS
Provident Hosp. | | 23C. DATE SIGNED
3/24/51 | |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial | | 24B. DATE
3/29/51 | | 24C. NAME OF CEMETERY OR CREMATORY
St Calvary Cem. Brooklyn Md | |
| 24D. LOCATION (City, town, or county) (State)
Baltimore Md | | 25. FUNERAL DIRECTOR
Edw. J. Wilson | | ADDRESS
1010 Brantley rd | |

DATE RECEIVED BY LOCAL REGISTRAR
MAR 29 1951

REGISTRAR'S SIGNATURE
Huntington Williams

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information must be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

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HEALTH DEPARTMENT—CITY OF BALTIMORE

51 2867

CERTIFICATE OF DEATH

1. PLACE OF DEATH

CITY OF BALTIMORE: (No. 218 DALLAS Ct. St., Ward)Length of residence in city or town where death occurred 28 yrs. mos. ds. How long in U. S. If of foreign birth? yrs. mos. ds.

2. FULL NAME

(a) Residence: No. 218 DALLAS Ct. St., Ward. 6-05
(Usual place of abode) (If non-resident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. Color or Race NEGRO 5. Single, Married, Widowed, or Divorced (write the word) WIDOWED5a. If married, widowed or divorced HUSBAND of CHARLES R. DAVIS
(or) WIFE of6. DATE OF BIRTH (month, day, year) JAN. 22-X7. AGE Years Months Days If LESS than 1 day, hrs. or min.
60 + — —8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. HOUSEWIFE9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. HOME

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

12. BIRTHPLACE (city or town) (State or country) RALEIGH N.C.13. NAME UNKNOWN14. BIRTHPLACE (city or town) (State or country) RALEIGH N.C.15. MAIDEN NAME MARY PATTERSON16. BIRTHPLACE (city or town) (State or country) RALEIGH N.C.17. INFORMANT W. J. SIMMONS
(Address) 627 N. BETHESDA ST.18. BURIAL, CREMATION, OR REMOVAL Int. Calvary Cem
Place, Date, 195119. UNDERTAKER Elioy G. Wilson
(Address) 1000 Granite Ave20. FILED MAR 29 1951
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (month, day, year) 3/28, 195122. I HEREBY CERTIFY, That I attended deceased from Dec, 1950, to 3/28, 1951I last saw her alive on 3/22, 1951 Death is said to have occurred on the date stated above, at 2 A.M.

The principal cause of death and related causes of importance were as follows:

CONG. HEART FAILURE

Date of onset

Other contributory causes of importance:

HYPERTENSION
CHRONIC NEPHRITISName of operation Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence) fill in also the following:

Accident, suicide, or homicide? Date of Injury 19.....

Where did Injury occur? (Specify city or town, county, and State)

Specify whether Injury occurred in industry, in home, or in public place

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

No If so, specify 121a(Signed) Jesse Williams II M. D.(Address) 1113 N. CAROLINE ST.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as *at school* or *at home*. For a woman whose only occupation was that of home housework, write *housewife* in answer to Question 8 and *own home* in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as *servant—private family*, *cook—hotel*, etc. For a person who had no occupation whatever write *none*.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as *spinner*, *weaver*, etc.

In stating the industry or business avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as *grocery store*, *soap factory*, *cotton mill*, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as *civil engineer*, *mechanical engineer*, *mining engineer*, *stationary engineer*, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give exact occupation, as *carpenter*, *painter*, *machinist*, etc. Distinguish carefully between *retail merchants* and *wholesale merchants*. A person who sells goods should be called a *salesman* and not a *clerk*.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, *e. g.*, heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|---------------------------------------|---------------------|
| <i>Arteriosclerosis</i> | <i>1915</i> |
| <i>Chronic interstitial nephritis</i> | <i>1921</i> |
| <i>Cerebral hemorrhage</i> | <i>July 5, 1927</i> |

Other contributory causes of importance:

| | |
|-------------------|--------------------|
| <i>Gallstones</i> | <i>May 1, 1923</i> |
|-------------------|--------------------|

Example II

The principal cause of death and related causes of importance were as follows:

| | Date of onset |
|-------------------------------|-------------------|
| <i>Attack of epilepsy</i> | <i>1 week ago</i> |
| <i>Run over by street car</i> | <i>1 week ago</i> |
| <i>Peritonitis</i> | <i>3 days ago</i> |

Other contributory causes of importance:

| | |
|------------------------|---------------|
| <i>Gastroenteritis</i> | <i>1 year</i> |
|------------------------|---------------|

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PLEASE WRITE IN INK. Every item of information must be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **51 2868**

BIRTH NO. **51 2868** **49-10796**

1. NAME OF DECEASED
(Type or Print)

Myen Abell Dunson

2. DATE
OF
DEATH

March 27, 1951

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Provident

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE **Maryland**

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write R.R. and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1530 - Kensett St. 17

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

S

10A. USUAL OCCUPATION (Give kind of work done during most of worklog life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

Dewey Dunson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

May 27, 1949

9. AGE (in years last birthday)

If Under 1 Year Months: Days If Under 24 Hours Hours: Min.

10

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Mollie Myens

17. INFORMANT

ADDRESS

Father

1530 - Kensett

18. **E 917.0**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Second Degree Burns of 40% of the body**

6 hrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **CERTIFICATION APPROVED BY J. R. Duggan, M.D.**

(C) **1387 Miller M.D. CHIEF OR ASST. MEDICAL EXAMINER**

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

home

1530 - Kensett, 17

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

March 27, 1951 12:30 m.

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fell in tub of hot water

22. I hereby certify that I attended the deceased from **3-27-1951**, to **3-27-1951**, that I last saw the deceased alive on **3-27-1951** and that death occurred at **7:45** a.m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Mark Cox

M. D.

23B. ADDRESS

1514 - Division St.

23C. DATE SIGNED

3-27-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3.30.1951

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn Cemetery

24D. LOCATION (City, town, or county)

Resport, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Charles H. Alexander

1200 W. Cullah St.

181

MAR 29 1951

N-949.2

[Faint, illegible handwriting throughout the page, possibly bleed-through from the reverse side.]

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2869

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Dorothea C. Schlatter

2. DATE
OF
DEATH

3/28/51

3. PLACE OF DEATH:
A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Univ. Hosp.

C. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

13. FATHER'S NAME

William F. Bachstein

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

8. DATE OF BIRTH

Nov. 13-1887

9. AGE (In years
last birthday)

63

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Martha Boorman

17. INFORMANT

Mr. George H. Schlatter, same

CAUSE OF DEATH

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Cerebral Anoxia
DUE TO Intractable hemorrhage

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Intervertebral disc
DUE TO herniation

INTERVAL BETWEEN
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

3/22/51

19B. MAJOR FINDINGS OF OPERATION

Central protrusion Intervertebral disc

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-4, 1951 to 3-28, 1951, that I last saw the
deceased alive on 3-28, 1951, and that death occurred at 6:45 Am., from the causes and on the date stated above.

23A. SIGNATURE

E. C. O'Hara

23B. ADDRESS

Univ. Hosp.

23C. DATE SIGNED

3/28/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/31/51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore

24D. LOCATION (City, town, or county)

Balto Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

L. Luck 5305 Harford Rd.

ADDRESS

MAR 29 1951

122a

000000

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **51 2870**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Moritz M. Blau

2. DATE
OF
DEATH

Mar. 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Sinai Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1529 Cutaw Place

C. Length of stay in Baltimore

5 Yrs.
Mos-
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (In years last birthday)

60

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Shepherd

10B. KIND OF BUSINESS OR INDUSTRY

Tailor school

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

GERMANY

13. FATHER'S NAME

Felix

14. MOTHER'S MAIDEN NAME

Henny

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Johanna Blau - Same

18. *4221*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) *Arteriosclerotic Cardio-vascular Disease*

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an *Inspection* thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Wm. H. Kammer, Jr.

M.D.

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

23C. DATE SIGNED

Mar. 28, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-29-51

24C. NAME OF CEMETERY OR CREMATORY

Rosedale

24D. LOCATION (City, town, or county)

Balto Md

DATE RECEIVED BY LOCAL REGISTRAR

MAR 29 1951

REGISTRAR'S SIGNATURE

Wm. H. Kammer, Jr.

25. FUNERAL DIRECTOR

Jack E. E. 2100 Cutaw Pl

V S 151

731 01

937

CERTIFICATE OF DEATH

5870

5870

1. Name of deceased: _____

2. Sex: _____

3. Age: _____

4. Date of birth: _____

5. Place of birth: _____

6. Date of death: _____

7. Place of death: _____

8. Cause of death: _____

9. Signature of physician: _____

10. Signature of registrar: _____

11. Signature of informant: _____

12. Address of informant: _____

13. Date of completion: _____

14. Signature of registrar: _____

15. Date of completion: _____

16. Signature of registrar: _____

17. Date of completion: _____

18. Signature of registrar: _____

19. Date of completion: _____

20. Signature of registrar: _____

21. Date of completion: _____

22. Signature of registrar: _____

23. Date of completion: _____

24. Signature of registrar: _____

25. Date of completion: _____

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

350

51 2871

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 2871**

| | | | | | |
|--|----------------------------------|---|---|--|----------------------------------|
| 1. NAME OF DECEASED
(Type or Print) Medin, Nathan | | | 2. DATE OF DEATH Mar 29, 1951 | | |
| 3. PLACE OF DEATH:
A. Baltimore City, Maryland | | | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MARYLAND
B. COUNTY BALTIMORE | | |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)
Singai Hospt. | | | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE | | |
| C. Length of stay in Baltimore 49 | | | D. STREET ADDRESS (If rural, give location)
1020 W. FAYETTE ST | | |
| 5. SEX
MALE | 6. COLOR OR RACE
WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
MARRIED | 8. DATE OF BIRTH | 9. AGE (In years last birthday)
65 | 10. Under 1 Year
Months: Days |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
GROGER | | | 11. BIRTHPLACE (State or foreign country)
LITHUANIA | | |
| 10B. KIND OF BUSINESS OR INDUSTRY | | | 12. CITIZEN OF WHAT COUNTRY?
U.S.A. | | |
| 13. FATHER'S NAME
NOT KNOWN | | | 14. MOTHER'S MAIDEN NAME
NOT KNOWN | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) | | | 16. SOCIAL SECURITY NO. | | |
| 17. INFORMANT
RUIN MEDIN | | | ADDRESS
4027 EDGEWOOD RD | | |

| | | |
|--|--|----------------------------------|
| 18. 420.1
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
CAUSE OF DEATH
(A) Acute myocardial infarction
DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Arteriosclerotic cardiovascular disease
DUE TO Arteriosclerosis
(C) _____ | | INTERVAL BETWEEN ONSET AND DEATH |
| II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | | |

| | | | | | |
|---|--|---|--|--|--|
| 19A. DATE OF OPERATION 0 | | 19B. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY?
YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/> | | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) | |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | | 21E. INJURY OCCURRED
WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21F. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from March 20, 1951 , to March 29, 1951 , that I last saw the deceased alive on March 29, 1951 , and that death occurred at 4:15 PM m., from the causes and on the date stated above. | | | | | |
| 23A. SIGNATURE
Samuel H. Rubin | | 23B. ADDRESS
Singai Hospital | | 23C. DATE SIGNED
March 29 | |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial | | 24B. DATE
3/30/1951 | | 24C. NAME OF CEMETERY OR CREMATORY
Rosedale | |
| 24D. LOCATION (City, town, or county) (State)
Baltimore | | 24E. FUNERAL DIRECTOR
Jack Lewis Inc - 2100 Eutaw Pl | | 24F. ADDRESS
2100 Eutaw Pl | |

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2872

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

LOTTIE ROBINSON

2. DATE
OF
DEATH

3-28-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Florida

V-08

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Sinai Hosp.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

St. Petersburg

D. STREET ADDRESS (If rural, give location)

425 12th Ave NE

E. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED/DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

10. Under 1 Year
Months: Days
11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State of foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MARDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

18. 4201

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3-10, 1951, to 3-28, 1951, that I last saw the deceased alive on 3-28, 1951, and that death occurred at 10:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

STES 13

JASO 91

R-000
51 2873BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2873
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Elizabeth Rauh

2. DATE
OF
DEATH

3-26-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto.

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

702 S. Decker Ave.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
A. STATE Md. B. COUNTY before admission)

C. CITY BALTO., MD. If outside corporate limits, write RURAL and give township)

c. Length of stay in Baltimore

life

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

702 S. Decker Avenue

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1-2-89

9. AGE (In years
last birthday)

82

11. Under 1 Year
Months Days
11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
W. USA COUNTRY?

13. FATHER'S NAME

Joseph

14. MOTHER'S MAIDEN NAME

Catherine Sauer

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.17. INFORMANT ADDRESS
Catherine Rauh 702 S. Decker Ave

18. 153X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Carcinoma of Sigmoid Colon

DUE TO

4 yrs.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

Aug. 1947

19B. MAJOR FINDINGS OF OPERATION

Adenocarcinoma rectum; myomi uteri

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 1947, to March 1951, that I last saw the
deceased alive on Mar 26, 1951, and that death occurred at 7:35p.m. from the causes and on the date stated above.

23A. SIGNATURE

Clarence W. LePore

M. D.

23B. ADDRESS

3023 Eastern Ave.

23C. DATE SIGNED

3/28/51

24A. BURIAL, CREMA-
TION, REINTERMENT (Specify)

Burial

24B. DATE

3-30-51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 29 1951

REGISTRAR'S SIGNATURE

Clarence W. LePore

25. FUNERAL DIRECTOR

Kelly & Zedler

ADDRESS

403 S. Wolfe Street

12-25-11

correct age is especially important. Physicians: please write the causes of death clearly and legibly. Every item of information should be carefully supplied. The

D-600
125-145007

51 2874

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

51 2874

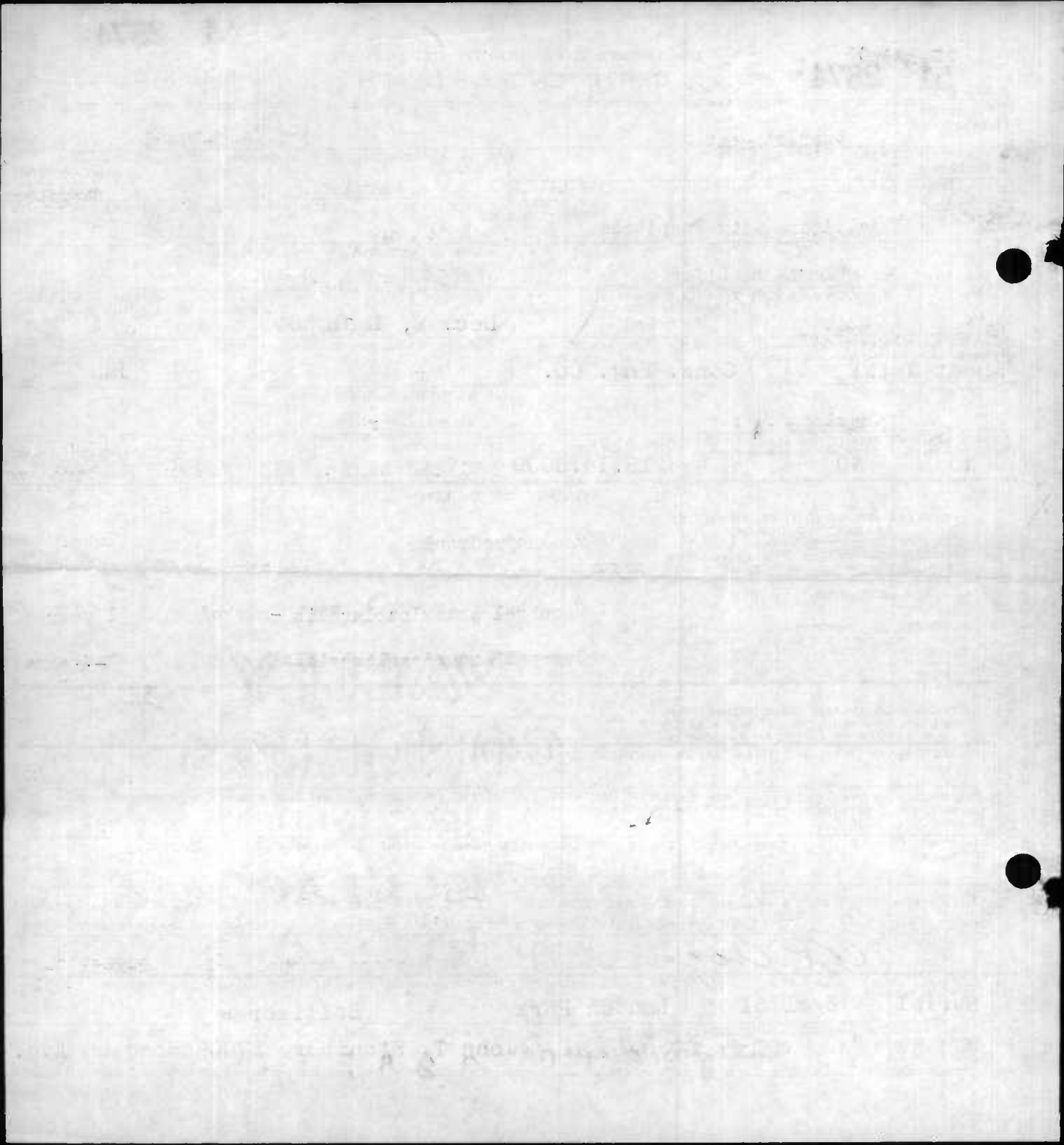
| | | | | | |
|---|---------------------------|---|--|--|--|
| 1. NAME OF DECEASED
(Type or Print)
Charles Dear | | | 2. DATE
OF
DEATH 3-27-51 | | |
| 3. PLACE OF DEATH:
A. Baltimore City, Maryland | | | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE Maryland B. COUNTY before admission) | | |
| B. FULL NAME OF HOSPITAL OR INSTITUTION
Baltimore City Hospitals | | | C. CITY OR TOWN (If outside corporate limits, write: RURAL and give township)
Baltimore | | |
| Length of stay in Baltimore Life | | | D. STREET ADDRESS (If rural, give location)
2652 Harlem Avenue | | |
| 5. SEX
Male | 6. COLOR OR RACE
White | 7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Married | 8. DATE OF BIRTH
Dec. 12, 1881 | 9. AGE (in years
last birthday)
69 | If Under 1 Year
Months: Days: Hours: Min. |
| 10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)
Sheet Metal | | 10B. KIND OF BUSINESS OR
INDUSTRY
Cons. Eng. Co. | 11. BIRTHPLACE (State or foreign country)
Maryland | | 12. CITIZEN OF
WHAT COUNTRY?
USA |
| 13. FATHER'S NAME
Charles A. Dear | | | 14. MOTHER'S MAIDEN NAME
Mary Dear | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)
NO | | 16. SOCIAL
SECURITY NO.
218-14-8009 | 17. INFORMANT
ADDRESS 4940
RECORDS* BALTO. CITY HOSPITALS Eastern Ave | | |

MEDICAL CERTIFICATION

| | | |
|--|--|---|
| 18. 491X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)
BRONCHOPNEUMONIA | | INTERVAL BETWEEN
ONSET AND DEATH
2 wks. |
| ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.
Cerebral Arteriosclerosis - marked
General Arteriosclerosis | | 1 year
3-5 years |
| II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT. | | |

| | | | | |
|--|--|--|--|---|
| 19A. DATE OF OPERATION 0 | | 19B. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY?
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21A. ACCIDENT WAS UNDER-
LYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/>
CAUSE OF DEATH | | 21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.) | | 21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location) |
| 21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY | | 21E. INJURY OCCURRED
WHILE AT WORK <input type="checkbox"/> NOT WHILE
AT WORK <input type="checkbox"/> | | 21F. HOW DID INJURY OCCUR? |
| 22. I hereby certify that I attended the deceased from 1-11, 1951, to 3-27, 51, that I last saw the
deceased alive on 3-27, 19 51, and that death occurred at 10:10 P., from the causes and on the date stated above. | | | | |
| 23A. SIGNATURE
R. L. Hogan | | 23B. ADDRESS
4940 Eastern Avenue | | 23C. DATE SIGNED
3-28-51 3-28 |

| | | | |
|--|--|---|--|
| 24A. BURIAL, CREMA-
TION, REMOVAL (Specify)
Burial | 24B. DATE
3/31/51 | 24C. NAME OF CEMETERY OR CREMATORY
Loudon Park | 24D. LOCATION (City, town, or county)
Baltimore |
| DATE RECEIVED BY
LOCAL REGISTRAR | REGISTRAR'S SIGNATURE
Huntington Williams | 25. FUNERAL DIRECTOR
John T. Stansbury | ADDRESS
2700 Edmondson Ave. |



PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **51 2875**

BIRTH NO.

51 2875

58-28312

| | | | | |
|---|------------------------------------|---|--|---|
| 1. NAME OF DECEASED
(Type or Print) LORY G. BOURROUGHS | | | 2. DATE OF DEATH March 28, 1951 | |
| 3. PLACE OF DEATH:
A. Baltimore City, Maryland | | | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY | |
| B. FULL NAME OF HOSPITAL OR INSTITUTION
Provident Hospital | | | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore | |
| Length of stay in Baltimore | | | D. STREET ADDRESS (If rural, give location)
2213 Orem Street | |
| 5. SEX
Male | 6. COLOR OR RACE
Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH
Dec. 30, 1950 | 9. AGE (In years last birthday)
3 |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10B. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country)
Baltimore, Maryland | |
| 13. FATHER'S NAME
Lory Bourroughs | | | 12. CITIZEN OF WHAT COUNTRY?
U. S. A. | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) | | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT
Ester Bibbins | | | ADDRESS
2213 Orem Street | |

| | | |
|---|--|----------------------------------|
| 18. 561.0
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Strangulation of inguinal hernia
DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | CAUSE OF DEATH
Strangulation of inguinal hernia
(A)
(B)
(C) | INTERVAL BETWEEN ONSET AND DEATH |
|---|--|----------------------------------|

| | | | | |
|--|-----------------------------|--|--|---|
| 19A. DATE OF OPERATION | | 19B. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY?
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. | | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21F. HOW DID INJURY OCCUR? |
| 22. I certify that I took charge of the remains described above, held an <u>Inspection & Inquiry</u> thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> . | | | | |
| 23A. SIGNATURE
<i>William H. Wood</i> | | 23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR..... | | 23C. DATE SIGNED
March 29, 1951 |
| 24A. BURIAL, CREMATION, REMOVAL (Specify) | 24B. DATE
3/30/51 | 24C. NAME OF CEMETERY OR CREMATORY
Mt Calvary | 24D. LOCATION (City, town, or county) (State)
Balto. Md. | |
| DATE RECEIVED BY LOCAL REGISTRAR
MAR 29 1951 | | REGISTRAR'S SIGNATURE
<i>William H. Wood</i> | | 25. FUNERAL DIRECTOR
W. H. Nelson |
| | | | | ADDRESS
1303 Pressman St |

STATE OF CALIF.

IN SENATE,
January 1, 1873.

REPORT OF THE

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

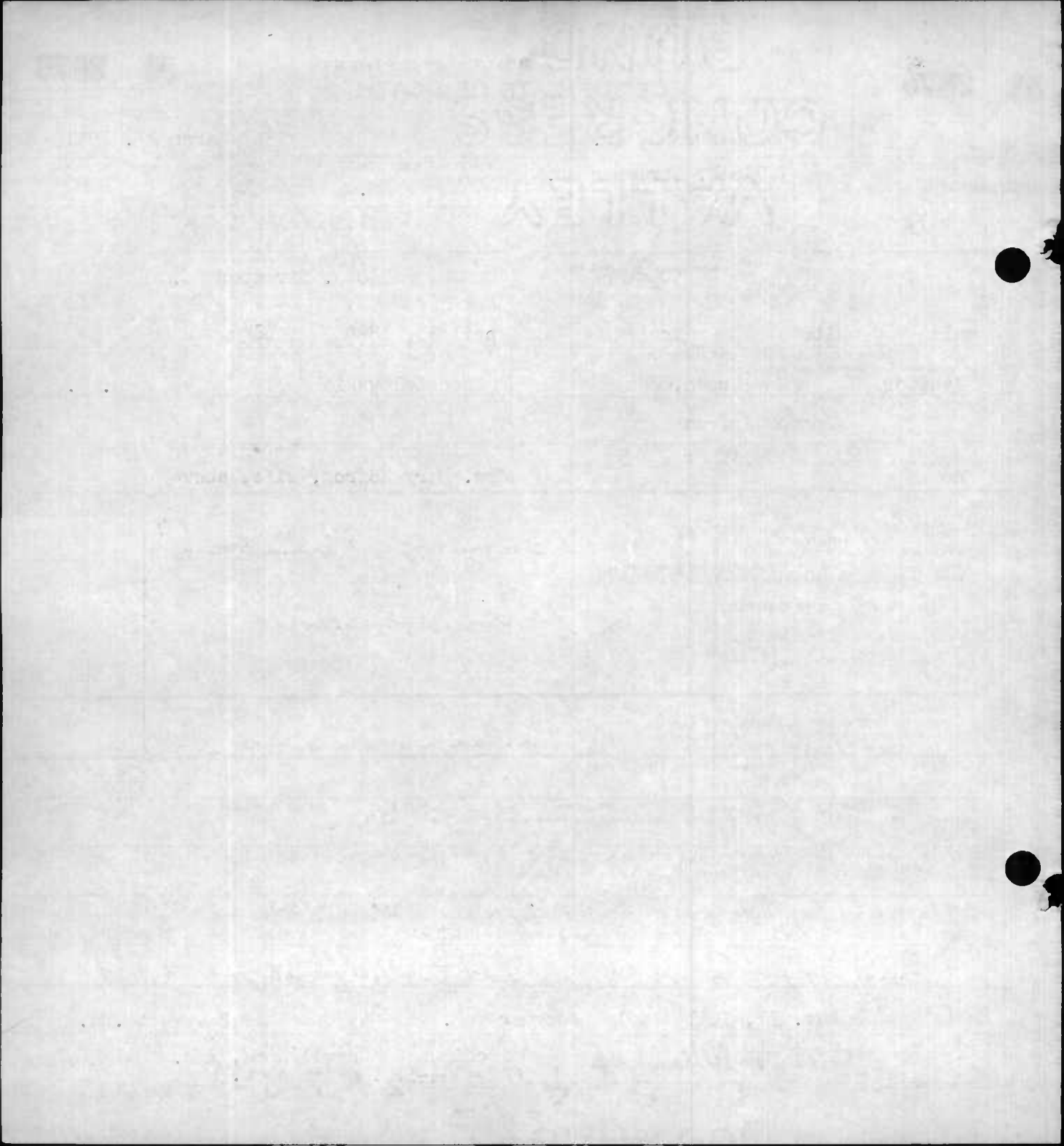
Registered No. **51 2876**

BIRTH NO.

| | | | |
|---|----------------------------------|--|--|
| 1. NAME OF DECEASED
(Type or Print) JOSEPH KOFRON, Sr. | | 2. DATE OF DEATH
March 27, 1951 | |
| 3. PLACE OF DEATH:
A. Baltimore City, Maryland 716 N. Streeper St. | | 4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)
A. STATE Md. B. COUNTY | |
| B. FULL NAME OF HOSPITAL OR INSTITUTION | | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore | |
| C. Length of stay in Baltimore 50 years | | D. STREET ADDRESS (If rural, give location)
716 N. Streeper St. | |
| 5. SEX
male | 6. COLOR OR RACE
white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
married | 8. DATE OF BIRTH
April 11, 1889 |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Janitor | | 10B. KIND OF BUSINESS OR INDUSTRY
Crown, Cork & Seal | 9. AGE (In years last birthday)
61 |
| 13. FATHER'S NAME
Joseph Kofron | | 12. CITIZEN OF WHAT COUNTRY?
U. S. | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
no | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT
Mrs. Mary Kofron, wife, above | | ADDRESS | |

| | |
|--|----------------------------------|
| 18. 421.0
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Cornary Thrombosis
DUE TO
ANTECEDENT CAUSES
(B) Mitral Stenosis
DUE TO
(C)
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(C)
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Pericarditis Anemia | INTERVAL BETWEEN ONSET AND DEATH |
|--|----------------------------------|

| | | | | | |
|--|--|---|--|---|--|
| 19A. DATE OF OPERATION | | 19B. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY?
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH | | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) | |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | | 21E. INJURY OCCURRED
WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21F. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from 3/1 , 19 50 , to 3/27 , 19 51 , that I last saw the deceased alive on 3/27 , 19 51 , and that death occurred at 6:40 p.m., from the causes and on the date stated above. | | | | | |
| 23A. SIGNATURE
Louis Koppe Jr. M.D. | | 23B. ADDRESS
2601 E. Monument St. | | 23C. DATE SIGNED
3/27/51 | |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial | | 24B. DATE
Mar. 31, 1951 | | 24C. NAME OF CEMETERY OR CREMATORY
Holy Redeemer Cem. | |
| | | | | 24D. LOCATION (City, town, or county) (State)
4430 Belair Rd. Balto. Md. | |
| DATE RECEIVED BY LOCAL REGISTRAR
MAR 29 1951 | | REGISTRAR'S SIGNATURE
Arthur J. Williams, M.D. | | 25 FUNERAL DIRECTOR
Schimmek Funeral Home, Inc. | |
| | | | | ADDRESS
2601-3-5 E. Madison St. | |



51 400
2877

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2877

Registered No. _____

BIRTH NO. _____

| | | | |
|--|----------------------------------|--|--|
| 1. NAME OF DECEASED
(Type or Print) WILLIAM ROGER GALE, SR. | | 2. DATE OF DEATH
March 27, 1951 | |
| 3. PLACE OF DEATH:
A. Baltimore City, Maryland 2801 Raynor Ave. | | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Md. B. COUNTY _____ | |
| B. FULL NAME OF HOSPITAL OR INSTITUTION _____ | | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore | |
| D. STREET ADDRESS (If rural, give location)
2801 Raynor Avenue. | | E. LENGTH OF STAY IN BALTIMORE life | |
| 5. SEX
male | 6. COLOR OR RACE
white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
widowed | 8. DATE OF BIRTH
May 1, 1889 |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Maintainance | | 10B. KIND OF BUSINESS OR INDUSTRY
Amer. Smelting Ref. | 9. AGE (in years last birthday)
61 |
| 11. BIRTHPLACE (State or foreign country)
Baltimore, Md. | | 12. CITIZEN OF WHAT COUNTRY?
U.S. | |
| 13. FATHER'S NAME
Copper, etc. | | 14. MOTHER'S MAIDEN NAME _____ | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
no | | 16. SOCIAL SECURITY NO. _____ | |
| 17. INFORMANT
Jeanette Picha, 809 N. Rose St. | | ADDRESS _____ | |

| | | |
|---|--|---|
| 18. 420.1
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Coronary Occlusion | | INTERVAL BETWEEN ONSET AND DEATH
5 min. |
| ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
Myocardial insufficiency
Chronic myocarditis | | 2 months
? |
| II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | | |

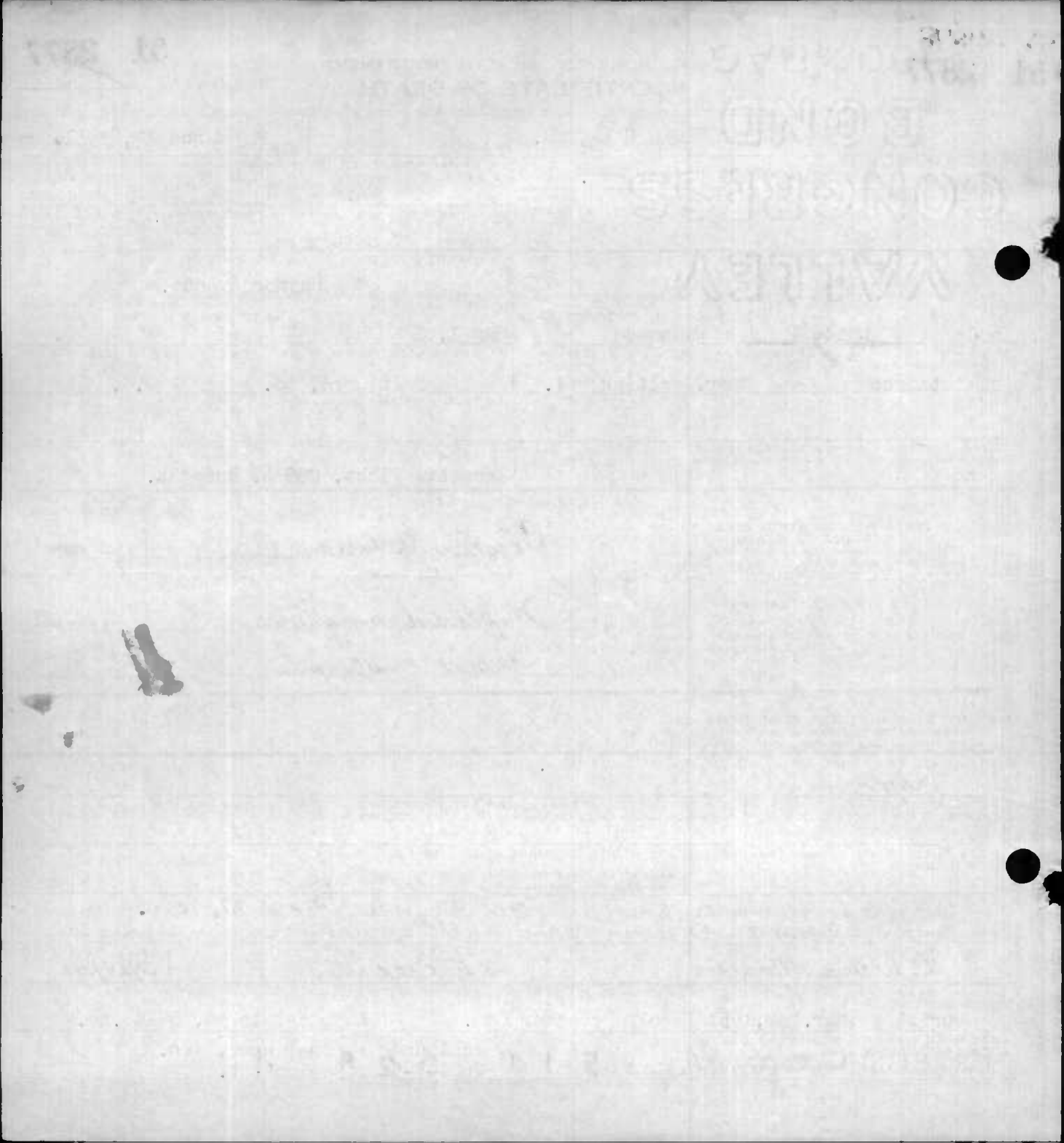
| | | | | | |
|--|--|--|--|---|--|
| 19A. DATE OF OPERATION
none | | 19B. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY?
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/> | | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) | |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21F. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from Jan 25, 1951 , to March 27, 1951 , that I last saw the deceased alive on March 22, 1951 , and that death occurred at 12:30 A.M. , from the causes and on the date stated above. | | | | | |
| 23A. SIGNATURE
C. Williams Stewart | | 23B. ADDRESS
6 E. Reed St. | | 23C. DATE SIGNED
3/28/51 | |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial | | 24B. DATE
Mar. 30, 1951 | | 24C. NAME OF CEMETERY OR CREMATORY
Holy Redeemer Cem. | |
| 24D. LOCATION (City, town, or county) (State)
4430 Delair Rd. Balto. Md. | | 25. FUNERAL DIRECTOR
Schimmek Funeral Home, Inc. | | | |
| DATE RECEIVED BY LOCAL REGISTRAR
MAR 29 1951 | | REGISTRAR'S SIGNATURE
William H. Williams | | ADDRESS
2601 E. Madison St. | |

5543C

93D

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION



**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 2878**

1. NAME OF DECEASED
(Type or Print)

IGNATIUS J. ZIMMERMAN

2. DATE OF DEATH **March 27, 1951**

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Maryland** b. COUNTY

b. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

1706 Harford Ave.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore

d. STREET ADDRESS (If rural, give location)

1706 Harford Ave.

e. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

JULY 19, 1882

9. AGE (In years last birthday)

68

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Clerk

10b. KIND OF BUSINESS OR INDUSTRY

Muth Bro. (PROD)

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John F. Zimmerman

(W)

14. MOTHER'S MAIDEN NAME

Anna Kerseher

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

212-07-6400

17. INFORMANT

ADDRESS

F.S. Zimmerman 3822 Kimble Rd.

18. **E 888.9**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Phosphorus poisoning, acute**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21a. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIB. CAUSE OF DEATH.

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
Not known

21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

Not known

21d. TIME (Month) (Day) (Year) (Hour) of INJURY

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?

Ingestion of phosphorus

22. I certify that I took charge of the remains described above, held an **Autopsy** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☒

23a. SIGNATURE

Stanley K. Dunsicker, M.D.

23b. CHIEF MEDICAL EXAMINER ☐ ASSISTANT MEDICAL EXAMINER ☒ MEDICAL INVESTIGATOR ☐

23c. DATE SIGNED

March 28, 1951

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

3/30/51

24c. NAME OF CEMETERY OR CREMATORY

Holy Redeemer

24d. LOCATION (City, town, or county)

Baltimore, Maryland

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 29 1951

William Williams, Jr.

1000 2878 51631 Broadway

N-999.0

390-4P

179X

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

**BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH**

Registered No. **51 2879**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

WILLIAM

BOONE

2. DATE
OF
DEATH

March 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland**

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

833 Vine St.

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Separated

8. DATE OF BIRTH

December 25, 1904

9. AGE (in years last birthday)

46

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Towson, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Labourer

10B. KIND OF BUSINESS OR INDUSTRY

Construction

13. FATHER'S NAME

Charles Boone

14. MOTHER'S MAIDEN NAME

Nannie Shee.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Martha Jackson

ADDRESS

1708 Riggs Ave.

18. **023X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Luetic heart disease**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inspection & Inq.** thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: **natural causes** ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. S. Fisher

23B. CHIEF MEDICAL EXAMINER.....☒
ASSISTANT MEDICAL EXAMINER.....☐
MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

March 28, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

3-31-51

24C. NAME OF CEMETERY OR CREMATORY

St. Auburn Cms.

24D. LOCATION (City, town, or county) (State)

Balto Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 29 1951

REGISTRAR'S SIGNATURE

Wm. J. Williams

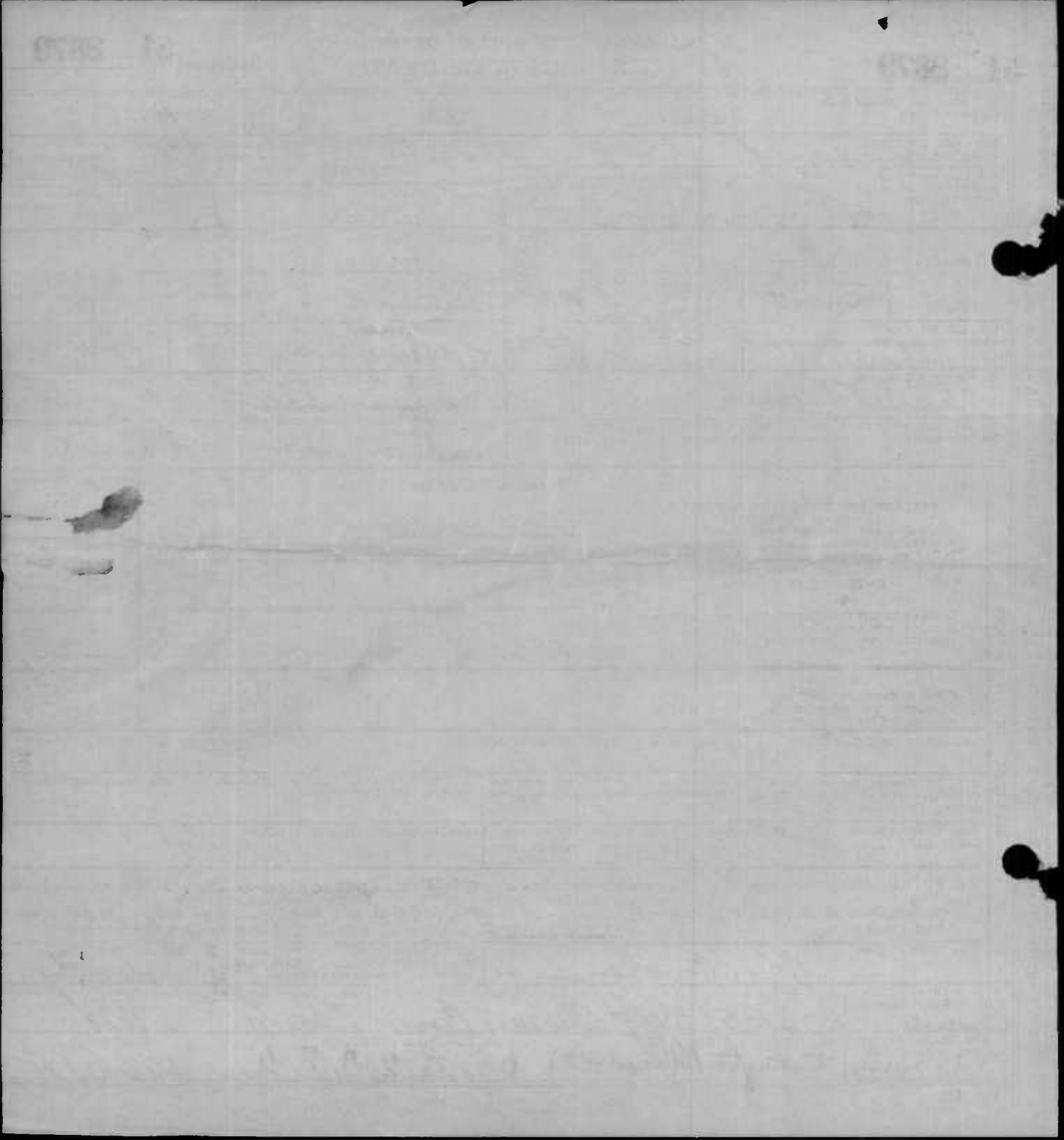
25. FUNERAL DIRECTOR

Mrs. Kate Williams

ADDRESS

322 N. School St.

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and fully.



PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2880
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Howard Conyer

2. DATE
OF
DEATH

3-25-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1531 W. FAIRMOUNT AVE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE MARYLAND

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write FULL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

1531 W. FAIRMOUNT AVE

C. Length of stay in Baltimore

31 yrs.

5. SEX

MALE

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Sept. 17, 1883

9. AGE (In years,
last birthday)

67 yrs.

10 Under 1 Year
Months: Days

6 8

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Laborer

10B. KIND OF BUSINESS OR
INDUSTRY

Construction Work

11. BIRTHPLACE (State or foreign country)

Centerville, MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

USA.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

Unknown

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Lillian Houston, 1531 W. FAIRMOUNT AVE

18. 331X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Acute Pulmonary Congestion

Day

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Cerebral Hemorrhage

Wk.

II

(C) Hypertension

Unknown

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19a. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 3-19-1951, to 3-25-1951, that I last saw the
deceased alive on 3-25-1951, and that death occurred at 10:35 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Richard H. Hunt

23B. ADDRESS

1631 W. Franklin St.

23C. DATE SIGNED

3-28-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

3-31-1951

24C. NAME OF CEMETERY OR CREMATORY

W. T. Putnam

24D. LOCATION (City, town, or county)

Balto.

(State)

MD.

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 29 1951

REGISTRAR'S SIGNATURE

Washington Williams, M.D.

25. FUNERAL DIRECTOR

Miss Katie R. Williams, Schenck

ADDRESS

372 N

1. The purpose of this report is to provide a summary of the results of the research conducted during the period from 1 January 1968 to 31 December 1968. The research was conducted in the area of the development of a new type of missile, the X-45, which is designed to be capable of operating at Mach 5. The research was conducted by the Air Force Research Office (AFRO) at Dayton, Ohio, and the results are presented in this report.

2. The X-45 is a new type of missile which is designed to be capable of operating at Mach 5. It is a two-stage missile, with the first stage being a solid rocket motor and the second stage being a liquid rocket motor. The X-45 is designed to be capable of operating at Mach 5 for a period of 10 minutes, and it is designed to be capable of operating at Mach 5 for a period of 10 minutes.

3. The research was conducted in the area of the development of a new type of missile, the X-45, which is designed to be capable of operating at Mach 5. The research was conducted by the Air Force Research Office (AFRO) at Dayton, Ohio, and the results are presented in this report.

4. The research was conducted in the area of the development of a new type of missile, the X-45, which is designed to be capable of operating at Mach 5. The research was conducted by the Air Force Research Office (AFRO) at Dayton, Ohio, and the results are presented in this report.

5. The research was conducted in the area of the development of a new type of missile, the X-45, which is designed to be capable of operating at Mach 5. The research was conducted by the Air Force Research Office (AFRO) at Dayton, Ohio, and the results are presented in this report.

6. The research was conducted in the area of the development of a new type of missile, the X-45, which is designed to be capable of operating at Mach 5. The research was conducted by the Air Force Research Office (AFRO) at Dayton, Ohio, and the results are presented in this report.

7. The research was conducted in the area of the development of a new type of missile, the X-45, which is designed to be capable of operating at Mach 5. The research was conducted by the Air Force Research Office (AFRO) at Dayton, Ohio, and the results are presented in this report.

8. The research was conducted in the area of the development of a new type of missile, the X-45, which is designed to be capable of operating at Mach 5. The research was conducted by the Air Force Research Office (AFRO) at Dayton, Ohio, and the results are presented in this report.

9. The research was conducted in the area of the development of a new type of missile, the X-45, which is designed to be capable of operating at Mach 5. The research was conducted by the Air Force Research Office (AFRO) at Dayton, Ohio, and the results are presented in this report.

10. The research was conducted in the area of the development of a new type of missile, the X-45, which is designed to be capable of operating at Mach 5. The research was conducted by the Air Force Research Office (AFRO) at Dayton, Ohio, and the results are presented in this report.

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

N-450
51 2881

Newlon
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2881

| | | | |
|---|--------------------|---|--------------------------------|
| BIRTH NO. | | 2. DATE OF DEATH 3-27-57 | |
| 1. NAME OF DECEASED (Type or Print) MARY Newlon | | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE md B. COUNTY Balt | |
| 3. PLACE OF DEATH:
A. Baltimore City, Maryland
B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
University Hospital | | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Essex 5300 | |
| 5. Length of stay in Baltimore 2 yrs | | D. STREET ADDRESS (If rural, give location)
912 Dordon Dr. Essex | |
| 5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) MARRIED | 8. DATE OF BIRTH April 23-1914 |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife | | 10B. KIND OF BUSINESS OR INDUSTRY
At Home | |
| 13. FATHER'S NAME
James Hall | | 14. MOTHER'S MAIDEN NAME
Ada Douglas | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No | | 16. SOCIAL SECURITY NO. - | |
| 17. INFORMANT
Kenneth Newlon | | ADDRESS
812 Silver Ave. | |
| 18. 002X and 204.1
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Chronic Myeloid Leukemia
DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
Pulmonary Tbc
DUE TO
(C) | | INTERVAL BETWEEN ONSET AND DEATH | |
| II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | | | |
| 19A. DATE OF OPERATION | | 19B. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY?
YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/> | | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | |
| 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) | | | |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | | 21E. INJURY OCCURRED
WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21F. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from 2-16-57, to 3-27-57, that I last saw the deceased alive on 3-27-57, and that death occurred at 8:55 P. M., from the causes and on the date stated above. | | | |
| 23A. SIGNATURE
R. C. Haulding Jr. | | 23B. ADDRESS
Univ. Hosp. | |
| 23C. DATE SIGNED
3-28-57 | | | |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial | | 24B. DATE
3/30/57 | |
| 24C. NAME OF CEMETERY OR CREMATORY
Sacred Heart | | 24D. LOCATION (City, town, or county) (State)
Baltimore Hill Rd. 2nd. | |
| DATE RECEIVED BY LOCAL REGISTRAR
MAR 29 1957 | | REGISTRAR'S SIGNATURE
Wm. J. Williams, M.D. | |
| 25. FUNERAL DIRECTOR
John G. Gough | | ADDRESS
East 21-2nd | |

1958 10

1958 10

3-51 630 2882

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2882

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mary E. Brady

2. DATE
OF
DEATH

3-28-57

3. PLACE OF DEATH:

A. Baltimore City, Maryland 6420 Reisters town Road

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Virginia B. COUNTY V-43

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

The Seton Institute

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)
Portsmouth

D. STREET ADDRESS (If rural, give location)
509 Second St.

c. Length of stay in Baltimore 944. 10 mo., 4 da.

5. SEX

F

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

10-8-1864

9. AGE (In years last birthday)

86

10. Under 1 Year Months Days Hours Min.

5 20

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR INDUSTRY

NONE

11. BIRTHPLACE (State or foreign country)

Norfolk, Virginia

12. CITIZEN OF WHAT COUNTRY?

U.S.A

13. FATHER'S NAME

Patrick W. Murphy

14. MOTHER'S MAIDEN NAME

Ann M. Sheppard

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

NO

16. SOCIAL SECURITY NO.

NO

17. INFORMANT

ADDRESS

The Seton Institute - 6420 Reisters town Rd.

18. 492X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Virus - Pneumonia

INTERVAL BETWEEN ONSET AND DEATH

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

General arteriosclerosis; coronary sclerosis

20 years

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) DUE TO

Manic-depressive psychosis; Beginning psychosis with cerebral arteriosclerosis

2 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

3. 28. 57, 10¹⁰ p.m.

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept. 19 36 to March, 19 57, that I last saw the deceased alive on 3. 28, 19 57, and that death occurred at 10¹⁰ p.m., from the causes and on the date stated above.

23A. SIGNATURE

Walter A. Jakreim M.D.

23B. ADDRESS

The Seton Institute Baltimore

23C. DATE SIGNED 3. 29. 57.

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

3/29/57

24C. NAME OF CEMETERY OR CREMATORY

Oak Grove

24D. LOCATION (City, town, or county) (State)

Portsmouth Va.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams

25. FUNERAL DIRECTOR

ADDRESS

MAR 29 1957

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19-10-1919

Virginia

May E. Murphy
and her infant son

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The State Institute

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correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2883
Registered No. 51 2883

| | | | | | |
|---|----------------------------------|---|---|--|--|
| 1. NAME OF DECEASED
(Type or Print) Howard W. Aughinbaugh | | | 2. DATE OF DEATH March 28, 1951 | | |
| 3. PLACE OF DEATH:
A. Baltimore City, Maryland | | | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY Anne Arundel | | |
| B. FULL NAME OF HOSPITAL OR INSTITUTION
St. Agnes' Hospital | | | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Linthicum Heights, | | |
| Length of stay in Baltimore 11 ^{Yrs} ^{Mos} ^{Days} | | | D. STREET ADDRESS (If rural, give location)
302 Jerlyn Avenue 5200 | | |
| 5. SEX
Male | 6. COLOR OR RACE
White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married | B. DATE OF BIRTH
April 12, 1879 | | 9. AGE (In years last birthday) 71 |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Meat cutter (Retired) | | | 10B. KIND OF BUSINESS OR INDUSTRY
Retail market | | 11. BIRTHPLACE (State or foreign country)
Gettysburg, Pennsylvania |
| 13. FATHER'S NAME
(Unknown) Aughinbaugh | | | 12. CITIZEN OF WHAT COUNTRY?
U.S. | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
Decd | | | 14. MOTHER'S MAIDEN NAME
Unknown | | |
| 16. SOCIAL SECURITY NO.
215-10-2213 | | | 17. INFORMANT
Mrs Howard Aughinbaugh, Linthicum Md. | | |

| | | |
|---|--|----------------------------------|
| 1B. 260X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
MYOCARDIAL INFARCTION RECENT | | INTERVAL BETWEEN ONSET AND DEATH |
| ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DIABETES MELLITUS | | |
| II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONITION CAUSING IT. | | |

| | | | | | |
|--|--|--|--|---|--|
| 19A. DATE OF OPERATION 3/28 | | 19B. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY?
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/> | | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) | |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21F. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from 3/18 , 19 51 , to 3/28 , 19 51 , that I last saw the deceased alive on 3/28 , 19 51 , and that death occurred at 5:50 P.M. , from the causes and on the date stated above. | | | | | |
| 23A. SIGNATURE
Dr. J. L. Shaw | | 23B. ADDRESS
1000 E. Jones Ave. Hk. 1 | | 23C. DATE SIGNED
3/28/51 | |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial | | 24B. DATE
Mch. 31, 1951 | | 24C. NAME OF CEMETERY OR CREMATORY
Loudon Park | |
| 24D. LOCATION (City, town, or county)
Baltimore | | 24E. STATE
Md. | | 24F. FUNERAL DIRECTOR
Thomas W. Singleton; Glen Burnie, Md. | |
| DATE RECEIVED BY LOCAL REGISTRAR
MAR 29 1951 | | REGISTRAR'S SIGNATURE
W. H. Williams, M.D. | | ADDRESS | |

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correct age is especially important. Physicians write the causes of death clearly and legibly. Every item of information should be carefully supplied.

414
51 2884

KALBPleisch
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2884

BIRTH NO. 51-08211

| | | | | | |
|--|----------------------------------|--|---|---|--|
| 1. NAME OF DECEASED
(Type or Print) Baby Boy Kalbpleisch | | | 2. DATE OF DEATH 3/28/51 | | |
| 3. PLACE OF DEATH:
A. Baltimore City, Maryland ✓ | | | 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE Maryland
B. COUNTY Baltimore | | |
| 5. FULL NAME OF HOSPITAL OR INSTITUTION
South Baltimore General Hospital | | | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore | | |
| 6. Length of stay in Baltimore
Yrs. _____
Mos. _____
Days _____ | | | D. STREET ADDRESS (If rural, give location)
817 S. Conkling St. | | |
| 5. SEX
Male | 6. COLOR OR RACE
White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Single | 8. DATE OF BIRTH
3/20/51 | 9. AGE (in years last birthday)
8 | If Under 1 Year
Months: _____ Days: _____
If Under 24 Hours
Hours: _____ Min: _____ |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10B. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country)
Baltimore Maryland | | 12. CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME
Henry N. Kalbfleisch | | | 14. MOTHER'S MAIDEN NAME
Margaret Wachter | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | 17. INFORMANT ADDRESS
Henry N. Kalbfleisch 817 S Conkling St | | |

| | | | |
|---|--|--|--|
| 18. 756.2
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Congenital Atresia of intestine
DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) _____
DUE TO
(C) _____ | | CAUSE OF DEATH
(A) Congenital Atresia of intestine
DUE TO
(B) _____
DUE TO
(C) _____ | INTERVAL BETWEEN ONSET AND DEATH
0 |
| II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | | | |

| | | | | | |
|--|--|--|--|---|--|
| 19A. DATE OF OPERATION
3/22/51 | | 19B. MAJOR FINDINGS OF OPERATION
Congenital Atresia of Intestine | | 20. AUTOPSY?
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH | | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) | |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21F. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from 3/20/51 , 19__, to 3/28/51 , 19__, that I last saw the deceased alive on 3/28/51 , 19__, and that death occurred at 9:15P m., from the causes and on the date stated above. | | | | | |
| 23A. SIGNATURE
Herodine H. Branch | | 23B. ADDRESS
1213 Light Street | | 23C. DATE SIGNED
3/29/51 | |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL | | 24B. DATE
3-30-50 | | 24C. NAME OF CEMETERY OR CREMATORY
SACRED HEART CEM | |
| 24D. LOCATION (City, town, or county) (State)
4701 GERMAN HILL RD. | | 25. FUNERAL DIRECTOR
Charles S. Geiler | | ADDRESS
901 S. Conkling St. | |
| DATE RECEIVED BY LOCAL REGISTRAR
MAR 29 1951 | | REGISTRAR'S SIGNATURE
Huntington Williams | | 25. FUNERAL DIRECTOR ADDRESS | |

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PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2885
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES H. BLOCKSTON

2. DATE
OF
DEATH

Mar 28-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNIVERSITY HOSP.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

MD.

B. COUNTY

BALTO.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
REISTERSTOWN

D. STREET ADDRESS (If rural, give location)

64 MAIN ST

5200

E. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE (MARRIED)
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

Oct 31 1897

9. AGE (In years last birthday)

53

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Iron Worker Construction

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto. Co.

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

James H. Blockston

14. MOTHER'S MAIDEN NAME

Mary Thomas

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.
106-01-1811

17. INFORMANT

Viola Blockston Reisterstown Md

ADDRESS

18. 442X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) UREMIA

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) HYPERTENSIVE C-V DISEASE

DUE TO

(C) CHRONIC NEPHRO SCLEROSIS

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3/27, 1951, to 3/28, 1951, that I last saw the deceased alive on 3/28, 1951, and that death occurred at 8:40 P. M., from the causes and on the date stated above.

23A. SIGNATURE

John F. Strahan

M. D.

23B. ADDRESS

University Hosp

23C. DATE SIGNED

3/28/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

Mar 31/51

24C. NAME OF CEMETERY OR CREMATORY

Meadow Branch

24D. LOCATION (City, town, or county) (State)

Carroll Co

DATE RECEIVED BY LOCAL REGISTRAR
MAR 29 1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

J. F. Elmer, Sons Reisterstown Md

ADDRESS

✓

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1882

CERTIFICATE OF

[Faint, illegible text, likely bleed-through from the reverse side of the page]

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

E-163

51 2886

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2886
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Brenda EPPARD

2. DATE
OF
DEATH March 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

SINAI HOSP.

Length of stay in Baltimore

1 year.

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

Feb. 16, 1950.

9. AGE (In years
last birthday)

1

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Infant.

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Harrisburg, Pa.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Martin Eppard.

14. MOTHER'S MAIDEN NAME

Lucile Morris.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Martin Eppard. 426 N. Port St.

18. 491X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Broncho pneumonia

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

Stanton H. Duesler, M.D.

23B. CHIEF MEDICAL EXAMINER

ASSISTANT MEDICAL EXAMINER

MEDICAL INVESTIGATOR

23C. DATE SIGNED

March 28, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

March 31, 1951

24C. NAME OF CEMETERY OR CREMATORY

Cresgreen

24D. LOCATION (City, town, or county)

Standardville, Va.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Stanton H. Duesler

25. FUNERAL DIRECTOR

ADDRESS

Woodell Whippel, 315 S. Highland Ave.

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PLEASE WRITE IN INK. Every item of information must be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2887

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2887
Registered No.

BIRTH NO. 49-15324

| | | | |
|--|----------------------------------|--|---|
| 1. NAME OF DECEASED
(Type or Print) Querry Saxton (Gearry Donald Saxton) | | 2. DATE OF DEATH
3-28-51 | |
| 3. PLACE OF DEATH:
A. Baltimore City, Maryland | | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY | |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR Sinai Hospital
INSTITUTION E. Monument Street | | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore | |
| C. Length of stay in Baltimore Life | | D. STREET ADDRESS (If rural, give location)
I206 E. Lafayette Avenue | |
| 5. SEX
Male | 6. COLOR OR RACE
White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Single | 8. DATE OF BIRTH
July 25, 1949 |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
None | | 10B. KIND OF BUSINESS OR INDUSTRY | 9. AGE (in years last birthday)
I 8 3 |
| 13. FATHER'S NAME
Maurice S. Saxton | | 12. CITIZEN OF WHAT COUNTRY?
U.S.A. | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
No | | 16. SOCIAL SECURITY NO.
None | |
| 17. INFORMANT
Mrs. Hilda B. Saxton | | ADDRESS
I206 E. Lafayette Ave. | |

| | |
|---|----------------------------------|
| 18. DIOX
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Tuberculous Meningitis
DUE TO
ANTECEDENT CAUSES
(B)
DUE TO
(C) | INTERVAL BETWEEN ONSET AND DEATH |
| II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | |

| | | |
|---|---|---|
| 19A. DATE OF OPERATION
3-28-51 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
<input type="checkbox"/> | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR?
(If in Baltimore City, give exact location) |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | 21E. INJURY OCCURRED
WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased from **2-6-1951** to **3-28-1951**, that I last saw the deceased alive on **3-28-1951**, and that death occurred at **8:30 p.m.**, from the causes and on the date stated above.

| | | |
|---|--|------------------------------------|
| 23A. SIGNATURE
Richard B. Landan M.D. | 23B. ADDRESS
Sinai Hospital, Baltimore | 23C. DATE SIGNED
3-29-51 |
|---|--|------------------------------------|

| | | | |
|--|-----------------------------|--|--|
| 24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial | 24B. DATE
3-31-51 | 24C. NAME OF CEMETERY OR CREMATORY
Greenmount Cemetery | 24D. LOCATION (City, town, or county) (State)
Greenmount Ave. Balto: Md. |
|--|-----------------------------|--|--|

| | | | |
|--|--|---|---------------------------------------|
| DATE RECEIVED BY LOCAL REGISTRAR
MAR 29 1951 | REGISTRAR'S SIGNATURE
Walter J. Williams, M.D. | 25. FUNERAL DIRECTOR
George J. Ruth | ADDRESS
1035 Harford Avenue |
|--|--|---|---------------------------------------|

1955

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1955

12

COMPANY
NEW YORK
1955

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

8-2460

51 2888

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2888

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Anna Katherine Beecher

2. DATE
OF
DEATH

3/28/57

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Mercy Hosp

4. USUAL RESIDENCE (Where deceased lived, If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Mercy

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Balto 23-02

E. Length of stay in Baltimore

Life 64 Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

JUNE 19, 1886

9. AGE (In years

last birthday)

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

10B. KIND OF BUSINESS OR
INDUSTRY

HOME

11. BIRTHPLACE (State or foreign country)

BALTIMORE, MD.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

DANIEL RICKETS

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mildred W. Huntington Daughter

18. 260X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Diabetic Coma

3 days?

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from 3/28/57, 19__, to 3/28/57, 19__, that I last saw the
deceased alive on 3/28/57, 19__ and that death occurred at 9 P. M., from the causes and on the date stated above.

23A. SIGNATURE

H. Raskin

M. O.

23B. ADDRESS

Mercy

23C. DATE SIGNED

3/28/57

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

3/31/57

24C. NAME OF CEMETERY OR CREMATORY

HOLY CROSS

24D. LOCATION (City, town, or county)

RITCHIE HIGHWAY

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

JOHN F. DENNY, INC 715 LIGHT ST.

MAR 30 1957

61

3228 12

3228 12

RECEIVED
JAN 10 1964
U.S. AIR FORCE
HARRISBURG, PA.
FROM: [illegible]
SUBJECT: [illegible]
[The remainder of the page contains several paragraphs of extremely faint, illegible text, likely a memorandum or official communication.]

51 2889

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2889

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Louis PAYMER

2. DATE
OF
DEATH

3/29/1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

3506 POWHATTAN AVE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

MARYLAND

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 15-38

D. STREET ADDRESS (If rural, give location)

3506 POWHATTAN AVE

C. Length of stay in Baltimore

57

Yrs.
Mos.
Days

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

9. AGE (In years
last birthday)

68

10 Under 1 Year
Months: Days Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

MFG.

10B. KIND OF BUSINESS OR
INDUSTRY

MENS CLOTHING

11. BIRTHPLACE (State or foreign country)

LATVIA

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

WILLIAM

14. MOTHER'S MAIDEN NAME

LUNA

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

BESSIE PAYMER- 3506 POWHATTAN AVE

18. 157 X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Carcinoma of Pancreas

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

3 mos.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐22. I hereby certify that I attended the deceased from 17/2/50, 19__, to 3/29/51, 19__, that I last saw the
deceased alive on 3/28, 1951, and that death occurred at 9 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Huntington Williams (MD)

M. D.

23B. ADDRESS

2320 EUTAW PL

23C. DATE SIGNED

3/29/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

3/30/1951

24C. NAME OF CEMETERY OR CREMATORY

BETH TRILON

24D. LOCATION (City, town, or county)

BALTO.

(State)

MD

DATE RECEIVED BY
LOCAL REGISTRAR
MAR 30 1951

REGISTRAR'S SIGNATURE

Huntington Williams, MD

25. FUNERAL DIRECTOR

ADDRESS

JACK DEWIS INC. 2100 EUTAW PL

Kush
2320 Cutaw PE

PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2890

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2890

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print) *Marie Fisher*

2. DATE
OF
DEATH *3/28/51*

3. PLACE OF DEATH:
A. Baltimore City; Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE *Md* B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION *Lutheran, Balto. Md.*

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 11-02

D. STREET ADDRESS (If rural, give location)
1309 Park Ave

C. Length of stay in Baltimore *Life*

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

8. DATE OF BIRTH

Sept 8 1880

9. AGE (In years;
last birthday)

70

10 Under 1 Year Months Days
11 Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10B. KIND OF BUSINESS OR INDUSTRY
own home

11. BIRTHPLACE (State or foreign country)
Balto. Md

12. CITIZEN OF
WHAT COUNTRY?
U.S.A.

13. FATHER'S NAME
Charles F. Albers

14. MOTHER'S MAIDEN NAME
Catherine Dunkel

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)
No

16. SOCIAL
SECURITY NO.

17. INFORMANT
Helen Albers

ADDRESS
4215 Belvoir Ave

18. *420.1*

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Acute Coronary Thrombosis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from *3-27*, 19*51*, to *3-28*, 19*51*, that I last saw the deceased alive on *3-28*, 19*51*, and that death occurred at *4:45* p.m., from the causes and on the date stated above.

23A. SIGNATURE
Jerome Gaber

23B. ADDRESS
Lutheran Hospital

23C. DATE SIGNED
3/28/51

M. D.

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE
Mar 31 1951

24C. NAME OF CEMETERY OR CREMATORY
Louison Park

24D. LOCATION (City, town, or county) (State)
Balto Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE
Wm. H. Williams

25. FUNERAL DIRECTOR

ADDRESS
4400 York Rd

Mar 30 1951

0000

00

STATE OF NEW YORK

0000

00

CERTIFICATE OF DEATH

NAME

AGE

SEX

RACE

DATE OF BIRTH

DATE OF DEATH

PLACE OF BIRTH

PLACE OF DEATH

CAUSE OF DEATH

MANNER OF DEATH

EDUCATION

OCCUPATION

RELIGION

ETHNIC ORIGIN

DATE OF INTERVIEW

INTERVIEWER

DATE OF ENTRY

ENTRY NUMBER

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

DATE OF DEATH

51 2891

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2891
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GEORGE STANLEY HILLER

2. DATE
OF
DEATH

3-28-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTE

2315 MONTICELLO RD.

C. Length of stay in Baltimore

LIFE

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

MARRIED

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

REPRESENTATIVE

10B. KIND OF BUSINESS OR INDUSTRY

BATH FIXTURES

13. FATHER'S NAME

WM HILLER

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

YES

W.W.I

16. SOCIAL SECURITY NO.

216-09-1912

8. DATE OF BIRTH

SEPT. 26 1896

9. AGE (In years, last birthday)

54

11 Under 1 Year Months Days 11 Under 24 Hours Hours Min.

11. BIRTHPLACE (State or foreign country)

MD.

12. CITIZEN OF WHAT COUNTRY?

U.S.

14. MOTHER'S MAIDEN NAME

ANNIE SACHS

17. INFORMANT

MRS. G.S. HILLER

ADDRESS

SAME

18. 199.7

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) metastatic Adenocarcinoma
DUE TO (Type of lesion established by biopsy - site of origin unknown.)

7 mos.
(over)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from August 1951, to March 27, 1951, that I last saw the deceased alive on March 27, 1951, and that death occurred at 11:55 a.m., from the causes and on the date stated above.

23A. SIGNATURE

George Shanley

M. D.

23B. ADDRESS

5106 Park Heights Ave

23C. DATE SIGNED

3/29/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

3-30-1951

24C. NAME OF CEMETERY OR CREMATORY

LOUDON PARK

24D. LOCATION (City, town, or county)

BALTO.

(State)

MD.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. J. Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

H.W. JENKINS & SONS Co. 4905 York Rd.

MAR 30 1951

VS 150

4903D

55E

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

5106 Parzenights and
George Sharfatz

We note primary site unknown,
however, may we have a more
definite anatomical location
of the malignant tumor at
time of disease, please?

There were numerous subcutaneous nodules involving the limbs, trunk and head.
There was apparently one bony lesion of the skull. The pathologist thought
the origin could have been large bowel, but X-ray work-up was not revealing.

Cause of Death: Metastatic adenocarcinoma with nodules
scattered in the subcutaneous tissues as described above .. 7 mos.

See Document File 51-2891
4/5/51 ES

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

1. NAME OF DECEASED
(Type or Print)

Florence Duff

2. DATE
OF
DEATH

3/29/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Baltimore

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE

Maryland

B. COUNTY

Baltimore

5. FULL NAME OF
HOSPITAL OR
INSTITUTION

Maryland General Hospital

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

6. Length of stay in Baltimore

LIFE

7. STREET ADDRESS (If rural, give location)

523 Wilton Rd #4

8. SEX

Female

9. COLOR OR RACE

White

10. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

11. DATE OF BIRTH

March 6, 1881

12. AGE (In years
last birthday)

70

13. Under 1 Year
Months

Days

14. Under 24 Hours
Hours

Min.

15. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

HOUSEWIFE

16. KIND OF BUSINESS OR
INDUSTRY

17. BIRTHPLACE (State or foreign country)

Maryland

18. CITIZEN OF
WHAT COUNTRY?

U.S.A.

19. FATHER'S NAME

DANIEL DEHUFF

20. MOTHER'S MAIDEN NAME

ANGELINE FOUST

21. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

NO

22. SOCIAL
SECURITY NO.

23. INFORMANT

ADDRESS

MRS. K.O. BITTER 523 WILTON RD

24. 443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Cerebral thrombosis

12 hours

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Hypertensive cardio-vas-
cular disease

?

(C) DUE TO

Generalized Arteriosclerosis

?

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONITION CAUSING IT.

25. DATE OF OPERATION

26. MAJOR FINDINGS OF OPERATION

27. AUTOPSY?

YES ☐ NO ☐

28. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

29. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

30. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

31. TIME (Month) (Day) (Year) (Hour)
OF INJURY

32. INJURY OCCURRED

33. HOW DID INJURY OCCUR?

34. WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

35. I hereby certify that I attended the deceased from 3/29, 1951, to 3/29, 1951, that I last saw the
deceased alive on 3/29, 1951, and that death occurred at 3:00 p. m., from the causes and on the date stated above.

36. SIGNATURE

37. ADDRESS

38. DATE SIGNED

39. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

40. DATE

3-31-1951

41. NAME OF CEMETERY OR CREMATORY

DRUID RIDGE

42. LOCATION (City, town, or county)

PIKESVILLE

(State)

MD.

43. DATE RECEIVED BY
LOCAL REGISTRAR

44. REGISTRAR'S SIGNATURE

45. FUNERAL DIRECTOR

ADDRESS

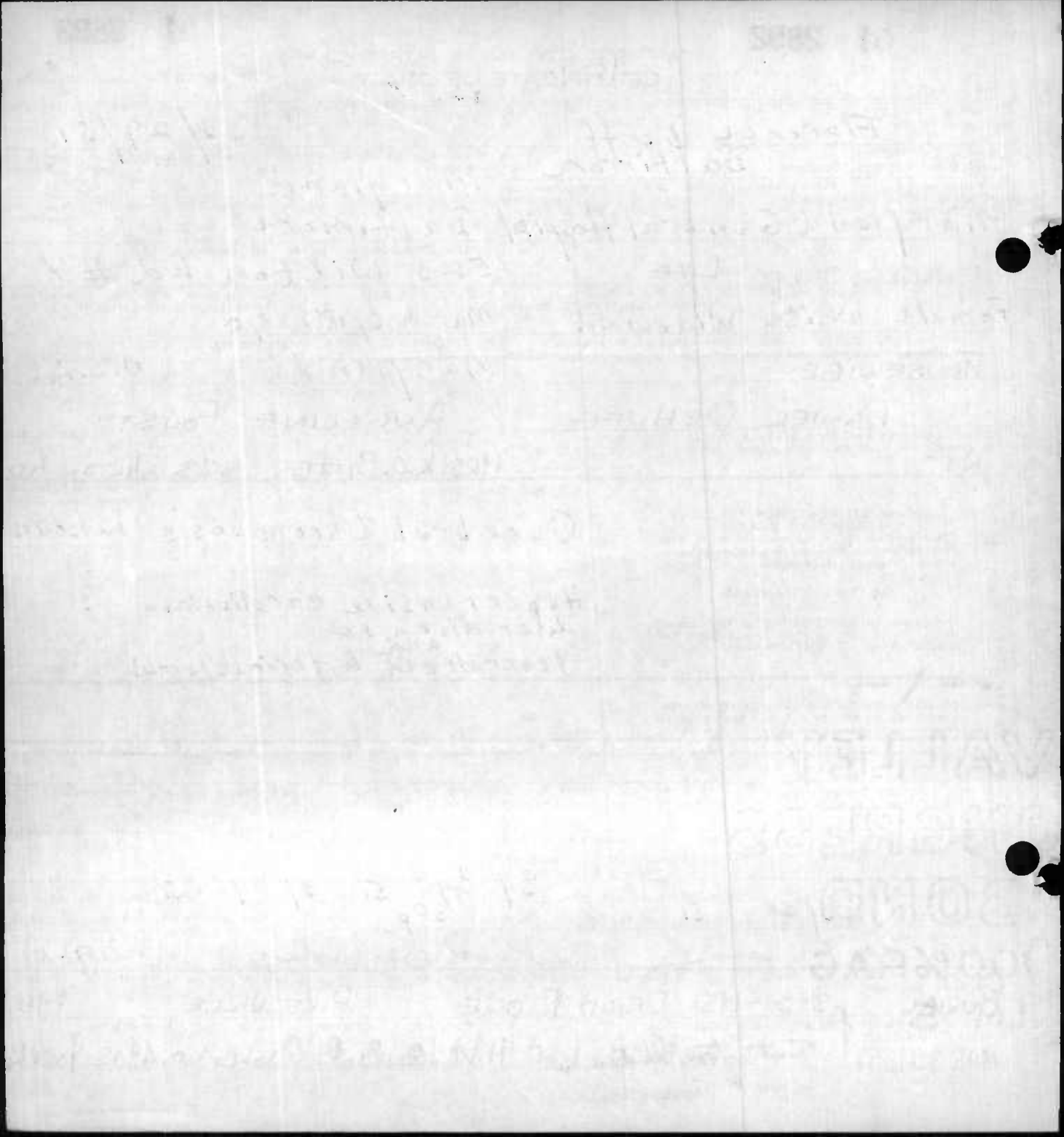
MAR 30 1951

46. H. W. JENKINS & SONS CO. 4905 YORK RD

47. H. W. JENKINS & SONS CO. 4905 YORK RD

VS 150

937



PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

V-255

51 2893

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2893

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

MARGARET ANDERSON WEICHMAN WIECHMAN

2. DATE
OF
DEATH

MARCH 28, 1951.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

UNION MEMORIAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE

MD.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE

7-63

D. STREET ADDRESS (If rural, give location)

3621 YOLANDO RD.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

8. DATE OF BIRTH

APRIL 24, 1885

9. AGE (In years
last birthday)

65

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

HOUSEWIFE

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

USA

13. FATHER'S NAME

EDWARD E. ANDERSON

14. MOTHER'S MAIDEN NAME

VIRGINIA SPEAR

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

✓

(If yes, give war or dates of service)

✓

16. SOCIAL
SECURITY NO.

✓

17. INFORMANT

PATIENT

ADDRESS

18. 451X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DISSECTING AORTIC ANEURYSM

24 hours

DUE TO Rupture into left Hemi-thorax.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from MARCH 27, 1951, to MARCH 28, 1951, that I last saw the
deceased alive on MARCH 28, 1951, and that death occurred at 6:23 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Richard Beach

M. D.

23B. ADDRESS

Union Memorial Hospital

23C. DATE SIGNED

3-28-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

Mar 31, 1951

Louison Park

Baeto, Ind

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Wilmington, Delaware

W. J. Jenkins, 4905 York Rd

301

1945

1945

VALLEY

SEARCHED

INDEXED

FILED

U.S.A.

1945

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-240

51 2894

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2894
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSHUA MAXWELL

2. DATE
OF
DEATH

3-28-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE

B. COUNTY

MARYLAND

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

PROVIDENT HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE 27-03

C. Length of stay in Baltimore

46

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

2416 MONTE BELLO TERRACE

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (in years last birthday)

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

MALE NEGRO

3-9-76

75

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

Teacher

Public school

GREEN COUNTY, OHIO

13. FATHER'S NAME

JAMES P. MAXWELL

14. MOTHER'S MAIDEN NAME

MATHILDA COUSINS

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

MRS. OLIVE MAXWELL

(SAME)

18. 443X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(A) CEREBRAL THROMBOSIS
DUE TO HYPERTENSIVE CARDIO VASCULAR DISEASE
(B) GENERALIZED ARTERIOSCLEROSIS
(C) UREMIA + MALNUTRITION

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

UREMIA + MALNUTRITION

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-21, 1951, to 3-28, 1951, that I last saw the deceased alive on 3-28, 1951, and that death occurred at 9:00 P. M., from the causes and on the date stated above.

23A. SIGNATURE

J. H. Pinney

M. D.

23B. ADDRESS

Provident Hospital

23C. DATE SIGNED

3-28-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

Funeral Home

MAR 30 1951

Wm. H. Williams, M.D.

1631 Druid Hill Ave.

1988

1988

1988

1988

PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-250

51 2895

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2895

Registered No.

BIRTH NO.

| | | | | | |
|--|----------------------------------|--|--|--|---|
| 1. NAME OF DECEASED
(Type or Print) GEORGE JACKSON | | | 2. DATE OF DEATH
3-27-51 | | |
| 3. PLACE OF DEATH:
A. Baltimore City, Maryland | | | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MARYLAND
B. COUNTY | | |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION
PROVIDENT HOSPITAL | | | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE 14-02 | | |
| c. Length of stay in Baltimore
LIFE | | | D. STREET ADDRESS (If rural, give location)
1401 MADISON AVE | | |
| 5. SEX
MALE | 6. COLOR OR RACE
NEGRO | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
SEPARATED | 8. DATE OF BIRTH
12-12-1901 | 9. AGE (In years last birthday)
50 | 10. Under 1 Year
Months: Days
11. Under 24 Hours
Hours: Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
PR-P | | | 10B. KIND OF BUSINESS OR INDUSTRY
ICE CR | | |
| 13. FATHER'S NAME
GEORGE JACKSON | | | 11. BIRTHPLACE (State or foreign country)
BALTIMORE, MD. | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) | | | 12. CITIZEN OF WHAT COUNTRY? | | |
| 16. SOCIAL SECURITY NO. | | | 14. MOTHER'S MAIDEN NAME
LULA NOLAN | | |
| 17. INFORMANT BLANCHE SISTER JACKSON | | | ADDRESS
632 SMITHSON ST. | | |
| 18. 345X I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Pulmonary Edema
DUE TO
Multiple Sclerosis
DUE TO
Malnutrition | | | INTERVAL BETWEEN ONSET AND DEATH | | |
| 19A. DATE OF OPERATION | | | 19B. MAJOR FINDINGS OF OPERATION | | |
| 20. AUTOPSY?
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | | | |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH | | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) | |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21F. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from 3-1-1951 to 3-27-1951 , that I last saw the deceased alive on 3-27-1951 , and that death occurred at 10:45 m., from the causes and on the date stated above. | | | | | |
| 23A. SIGNATURE
J. H. Peirbony | | 23B. ADDRESS
Provident Hosp. | | 23C. DATE SIGNED
3-28-51 | |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial | | 24B. DATE
3/31/1951 | | 24C. NAME OF CEMETERY OR CREMATORY
New Cathedral | |
| 24D. LOCATION (City, town, or county) (State)
Baltimore, Md. | | 24E. DATE RECEIVED BY LOCAL REGISTRAR
MAR 30 1951 | | 24F. REGISTRAR'S SIGNATURE
W. H. Williams | |
| 24G. FUNERAL DIRECTOR
1631 Druid Hill Ave. | | 24H. FUNERAL HOME
1631 Druid Hill Ave. | | 24I. FUNERAL HOME
1631 Druid Hill Ave. | |

VS 150

2906T

871

ALBANY, N. Y. 1885

Dear Sir,

I have the honor to acknowledge the receipt of your letter of the 10th inst. in relation to the matter of the

and in reply to inform you that the same has been forwarded to the proper authorities for their consideration.

I am, Sir, very respectfully,
Yours,
J. H. [Name]

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians give the causes of death clearly and legibly.

620

51 2896

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2896
Registered No.

| | | | | | | | | |
|--|--|--|---|--|--|--|--|--|
| BIRTH NO. | | | 1. NAME OF DECEASED
(Type or Print) <i>Augustus Dorsey</i> | | | 2. DATE OF DEATH
<i>3/27/51</i> | | |
| 3. PLACE OF DEATH:
A. Baltimore City, Maryland | | | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE <i>md</i> B. COUNTY <i>Baltimore</i> | | | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
<i>Randlettstown Randall</i> | | |
| B. FULL NAME OF HOSPITAL OR INSTITUTION
<i>University</i> | | | D. STREET ADDRESS (If rural, give location)
<i>Minans Road 5300</i> | | | Yrs. Mos. Days | | |
| 5. SEX
<i>m</i> | | | 6. COLOR OR RACE
<i>C</i> | | | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
<i>MARRIED</i> | | |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
<i>CHAU (Clerk)</i> | | | 10B. KIND OF BUSINESS OR INDUSTRY
<i>Commercial</i> | | | 8. DATE OF BIRTH
<i>Oct. 3, 1909</i> | | |
| 13. FATHER'S NAME
<i>Frank Dorsey</i> | | | 14. MOTHER'S MAIDEN NAME
<i>Nancy Noel</i> | | | 9. AGE (In years last birthday)
<i>41</i> | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown)
<i>no</i> | | | 16. SOCIAL SECURITY NO. | | | 11. BIRTHPLACE (State or foreign country)
<i>Randlettstown, Md. U.S.A.</i> | | |
| 18. <i>443X</i>
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) | | | CAUSE OF DEATH
(A) <i>Cerebral Embolism</i>
DUE TO
(B) <i>Hypertension C.O.D. & with cerebral embolism</i>
DUE TO
(C) <i>& mural thrombus (possible)</i> | | | 12. CITIZEN OF WHAT COUNTRY?
<i>U.S.A.</i> | | |
| 19A. DATE OF OPERATION | | | 19B. MAJOR FINDINGS OF OPERATION | | | INTERVAL BETWEEN ONSET AND DEATH | | |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH | | | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) | | |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | | | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | 21F. HOW DID INJURY OCCUR? | | |
| 22. I hereby certify that I attended the deceased from <i>3/22</i> , 19 <i>51</i> to <i>3/27</i> , 19 <i>51</i> that I last saw the deceased alive on <i>3/27</i> , 19 <i>51</i> and that death occurred at <i>3:00 A.</i> m., from the causes and on the date stated above. | | | 23A. SIGNATURE
<i>John B. Brown</i> | | | 23B. ADDRESS
<i>University</i> | | |
| 24A. BURIAL CREMATION REMOVAL (Specify) | | | 24B. DATE
<i>3/30/1951</i> | | | 24C. NAME OF CEMETERY OR CREMATORY
<i>St. Thomas</i> | | |
| 24D. LOCATION (City, town, or county) (State)
<i>Randlettstown, Md.</i> | | | 25. FUNERAL DIRECTOR
<i>Apollant Funeral Home</i> | | | 23C. DATE SIGNED
<i>3/27/51</i> | | |
| DATE RECEIVED BY LOCAL REGISTRAR
<i>MAR 30 1951</i> | | | REGISTRAR'S SIGNATURE
<i>Walter J. Williams</i> | | | ADDRESS
<i>1631 Druid Hill Ave.</i> | | |

68352

937

1923

10

1923

10

10

10

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2897

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2897

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

LOUISE F. PRECHTEL

2. DATE
OF
DEATH March 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 5212 Craig Ave.,

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

5212 Craig Ave.

c. Length of stay in Baltimore

Lifetime

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

May 31, 1885

9. AGE (In years last birthday)

65

Under 1 Year Months Days # Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

At home

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Charles E. Heusler

14. MOTHER'S MAIDEN NAME

Louis Lutz

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No.

16. SOCIAL SECURITY NO.

--

17. INFORMANT

ADDRESS

Charles C. Prechtel 343 Denison St.,

18. 420.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Cerebral Thrombosis

5 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 1945, to March, 1951, that I last saw the deceased alive on 3-27, 1951, and that death occurred at 6 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Harvey H. Kane

M. D.

23B. ADDRESS

2607 8th Street N. W.

23C. DATE SIGNED

3-30-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

March 31, 1951

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or county)

Parkville, Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 30 1951

REGISTRAR'S SIGNATURE

Harvey H. Kane

25. FUNERAL DIRECTOR

ADDRESS

Ullrich Funeral Home 2208 Orleans St.,

VALLEY
CONGREGES
BONNIE

F 652 51 2898

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2898

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Howard A. French

2. DATE
OF
DEATH

March 29, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

2004 Edgewood St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

15-06

D. STREET ADDRESS (If rural, give location)

2004 Edgewood St.

5. Length of stay in Baltimore

80 Yrs.
Mos.
Days

6. COLOR OR RACE

Male

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

March 1, 1871

9. AGE (In years
last birthday)

80

If Under 1 Year
Months Days

If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Store; sporting goods

10B. KIND OF BUSINESS OR
INDUSTRY

Sporting Goods

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Andrew French

14. MOTHER'S MAIDEN NAME

Margaret Swope.

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mrs. French

ADDRESS

2004 Edgewood St.

18. 4 yr. 1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Arteriosclerotic Cardiovascular
Disease - Myocardial Failure.

1 yr.

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from September 1950, to March 29, 1951, that I last saw the deceased alive on March 29, 1951, and that death occurred at 10:45 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. Frank Swope, III

23B. ADDRESS

1014 St. Paul St

23C. DATE SIGNED

March 29, 1951

M. D.

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/2/51

24C. NAME OF CEMETERY OR CREMATORY

Lorraine Cem.

24D. LOCATION (City, town, or county) (State)

Woodlawn, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wm. J. Lickner

25. FUNERAL DIRECTOR

Wm. J. Lickner & Sons - Balt

ADDRESS

937 Md.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be correct age is especially important. Physicians: please write the causes of death clearly and

WATLEY
CONGRESS
BOND
HONORARY

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

160
51 2899

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2899
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Dorothy M. DAUBER

2. DATE OF DEATH
March 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

South Baltimore General Hospital

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

8/24/1924

9. AGE (In years last birthday)

26

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

James Rodgers

14. MOTHER'S MAIDEN NAME

Alice (Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Dauber 2820 Walbrook Ave

18. 581.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Fatty liver

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

William C. ...

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

M.D.

23C. DATE SIGNED

March 28, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/31/51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Olivet

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 30 1951

REGISTRAR'S SIGNATURE

William C. ...

25. FUNERAL DIRECTOR

ADDRESS

217 St. Paul st.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. In correct age is especially important. Physicians: please write the causes of death clearly and legibly.

T-614

51 2900

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2900

Registered No. _____

BIRTH NO. _____

| | | | | | |
|--|----------------------------------|---|---|--|---|
| 1. NAME OF DECEASED
(Type or Print)
NANNIE G. TRIPLETT | | | 2. DATE OF DEATH
March 28, 1951 | | |
| 3. PLACE OF DEATH:
A. Baltimore City, Maryland | | | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
Maryland
B. COUNTY | | |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION
4700 Harford Rd. | | | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore | | |
| 5. Length of stay in Baltimore
Yrs. Mos. Days | | | D. STREET ADDRESS (If rural, give location)
2803 Matthews St. | | |
| 5. SEX
Female | 6. COLOR OR RACE
White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married | 8. DATE OF BIRTH
July 27, 1871 | 9. AGE (In years last birthday)
79 | If Under 1 Year Months Days
If Under 24 Hours Hours Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife | | | 10B. KIND OF BUSINESS OR INDUSTRY
At home | | 11. BIRTHPLACE (State or foreign country)
Winchester, Va. |
| 12. CITIZEN OF WHAT COUNTRY? | | | 13. FATHER'S NAME
Samuel Fillmore | | |
| 14. MOTHER'S MAIDEN NAME
Unknown | | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
No | | |
| 16. SOCIAL SECURITY NO. | | | 17. INFORMANT ADDRESS
William H. Triplett, 2803 Matthews St. | | |

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, ashenia, etc. It means the disease, injury or complication which caused death.)

(A) **Cardiovascular Degeneration**

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Acute Colitis**

10 days

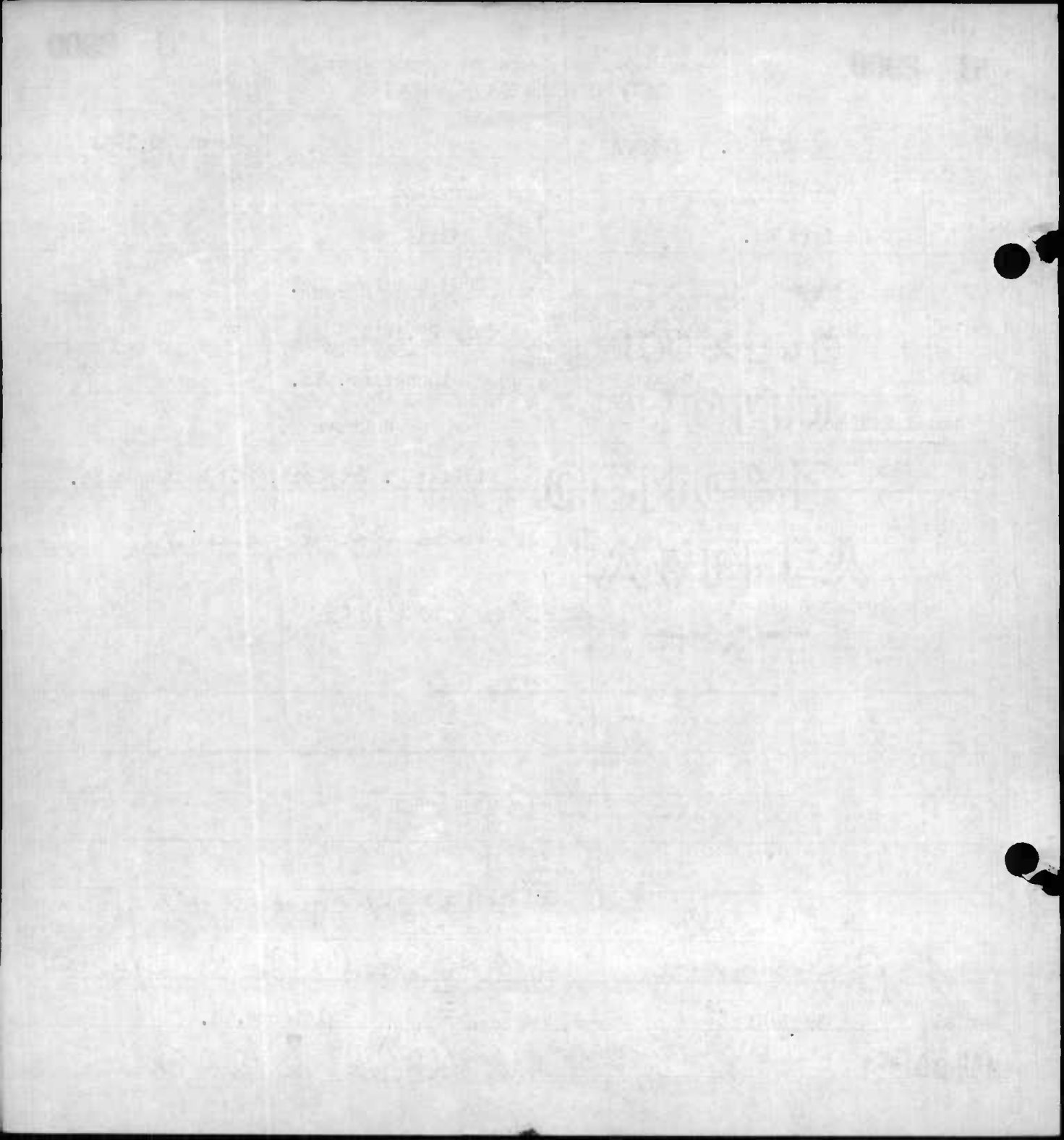
DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

| | | | | | |
|--|--|--|--|--|--|
| 19A. DATE OF OPERATION
0 | | 19B. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH | | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) | |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21F. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from March 23, 1951 , to March 28, 1951 , that I last saw the deceased alive on March 28, 1951 , and that death occurred at 6 PM m., from the causes and on the date stated above. | | | | | |
| 23A. SIGNATURE
Mr. Johnson | | 23B. ADDRESS
403 Med Arts Bldg | | 23C. DATE SIGNED
3/29/51 | |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial | | 24B. DATE
3/31/51 | | 24C. NAME OF CEMETERY OR CREMATORY
St. Marys, Hampden | |
| 24D. LOCATION (City, town, or county) (State)
Baltimore, Md. | | 25. FUNERAL DIRECTOR
Wm. C. ... | | 25. ADDRESS
1219 St. Paul St | |
| DATE RECEIVED BY LOCAL REGISTRAR
MAR 30 1951 | | REGISTRAR'S SIGNATURE
Huntington Williams | | 25. ADDRESS | |

937



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

560
51 2901

BAYNER

51 2901

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John Bayner

2. DATE OF DEATH
3/28/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2306 Race st

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto 23-03

D. STREET ADDRESS (If rural, give location)

2306 Race st.

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

8/29/1866

9. AGE (In years last birthday)

84

11 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Laborer

10B. KIND OF BUSINESS OR INDUSTRY

A. P Tea Co

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

CONRAD (Unknown)

Bayner

14. MOTHER'S MAIDEN NAME

KATHINKA (Unknown)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Wm. Schmitz Brooklyn Park

18. 420.0 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Anteroselectic Heart Disease
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Cerebral Thrombosis
DUE TO

5 days

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ AT WHILE ☐

22. I hereby certify that I attended the deceased from 3/1, 1950, to 3/28, 1951, that I last saw the deceased alive on 3/28, 1951, and that death occurred at 230 P. M., from the causes and on the date stated above.

23A. SIGNATURE

Vincent M. Mesana

M. D.

23B. ADDRESS

1403 S. Charles St

23C. DATE SIGNED

3/30/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3/31/51

24C. NAME OF CEMETERY OR CREMATORY

Glen Haven

24D. LOCATION (City, town, or county)

A. A. Co. Md

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

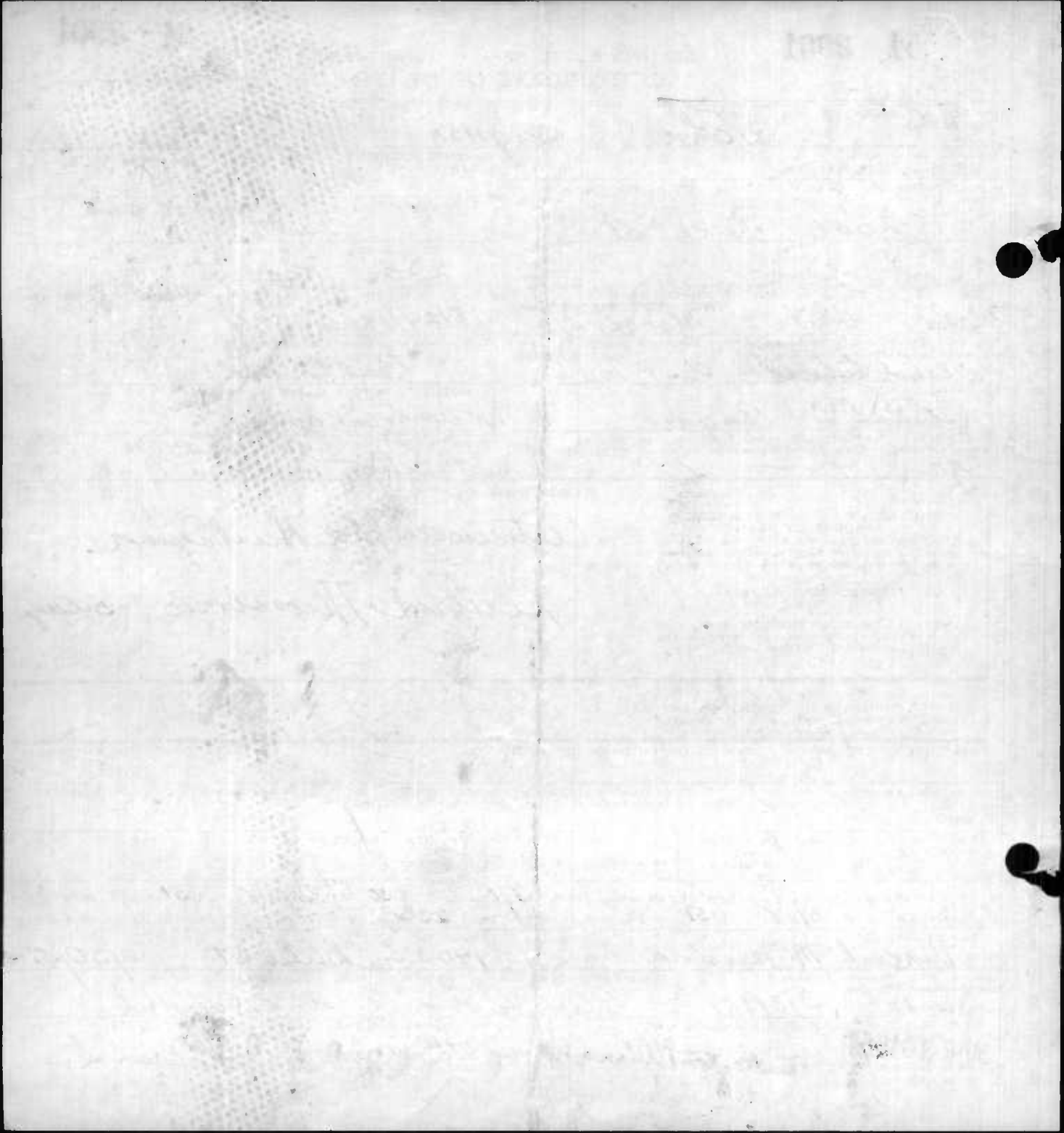
MAR 30 1951

Wm. Williams, Jr.

Wm. Cook, 219 St. Paul St.

VS 150

93D



PLEASE WRITE FAIRLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and briefly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN L

ZEIGLER

2. DATE
OF
DEATH

3/29/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

MARYLAND GENERAL HOSPITAL

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)

A. STATE
PENNSYLVANIA

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

YORK

D. STREET ADDRESS (If rural, give location)

622 W. PRINCESS ST

c. Length of stay in Baltimore

7

Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

MARRIED

8. DATE OF BIRTH

Nov. 11, 1904

9. AGE (In years
last birthday)

46

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

SUPERINTENDANT

10B. KIND OF BUSINESS OR
INDUSTRY

American Chain
I Cable Co.

11. BIRTHPLACE (State or foreign country)

PENNSYLVANIA

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 200.1

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) ACUTE INTESTINAL HEMORRHAGE

6 HRS.

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) LYMPHOSARCOMA

6 Mo.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

3-24-51
3-24-51

19B. MAJOR FINDINGS OF OPERATION

LYMPHOSARCOMA

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-22, 1951, to 3-29, 1951, that I last saw the
deceased alive on 3-29, 1951, and that death occurred at 11:40 A. M., from the causes and on the date stated above.

23A. SIGNATURE

Paul E. Herold

M. D.

23B. ADDRESS

Maryland General Hosp.

23C. DATE SIGNED

3-29-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Apr 2-51

24C. NAME OF CEMETERY OR CREMATORY

Prospect Hill Cem.

24D. LOCATION (City, town, or county)

York, Pa.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Wm Cook Inc. 1217 St Paul St

ADDRESS

2nd

MAR 30 1951

VS 150

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians write the causes of death clearly and legibly.

D.O.B. 51 2903

51 2903

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

BURLEY

51 2903

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Garrison

2. DATE
OF
DEATH

March 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

1309 Edmondson Ave.

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year Months Days

If Under 24 Hours Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

John Baldwin

Erie Baldwin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Ernest Burley ADDRESS Ed Edmondson Av

JOHNS HOPKINS HOSPITAL

18. 420.2

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Angina pectoris

?

ANTECEDENT CAUSES

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Calcific aortic stenosis

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., In or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/26, 1951, to 3/28, 1951, that I last saw the deceased alive on 3/26, 1951, and that death occurred at 6:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Walter G. McKusick

M. D.

JOHNS HOPKINS HOSPITAL

3-28-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

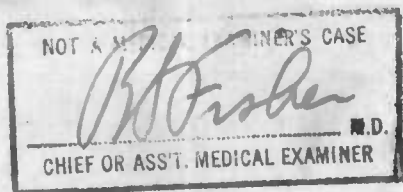
MAR 30 1951

Huntington Williams

Chao Yung 512 E. Sweetwater Ave

VS 150

Released to hospital to be appraised



51 2904

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2904
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

GRACE

DORSEY

2. DATE
OF
DEATH

March 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Curtis Bay

D. STREET ADDRESS (If rural, give location)

1102 Shellbake Road

E. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

1/8/1933

9. AGE (In years

last birthday)

18

10. Under 1 Year

Months: Days

11. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, City

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Ellen Thomas

13. FATHER'S NAME

Herbert Dorsey

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

No

(If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

None

17. INFORMANT

ADDRESS

Ellen Thomas-1121 Race Street

18. E 982X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Multiple stab wounds with abdominal

hemorrhage due to stab wound of aorta

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS UNDERLYING ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Street

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

Burnie Furnace Branch Road, 1 mile north of Glen

21D. TIME (Month) (Day) (Year) (Hour)

OF INJURY
March 28, 1951 8:00 P. m.

21E. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Stabbed with a knife

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

William V. [Signature]

M.D.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

March 29, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

DATE RECEIVED BY LOCAL REGISTRAR

MAR 30 1951

24B. DATE

4/1/51

24C. NAME OF CEMETERY OR CREMATORY

Hall's Ct

24D. LOCATION (City, town, or county)

Marley & A. Co., Md

(State)

25. FUNERAL DIRECTOR

J. R. [Signature] - Montgomery St

ADDRESS

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

WASHINGTON, D. C. 20250

STATE OF TEXAS

F. A. [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

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STATE OF TEXAS

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

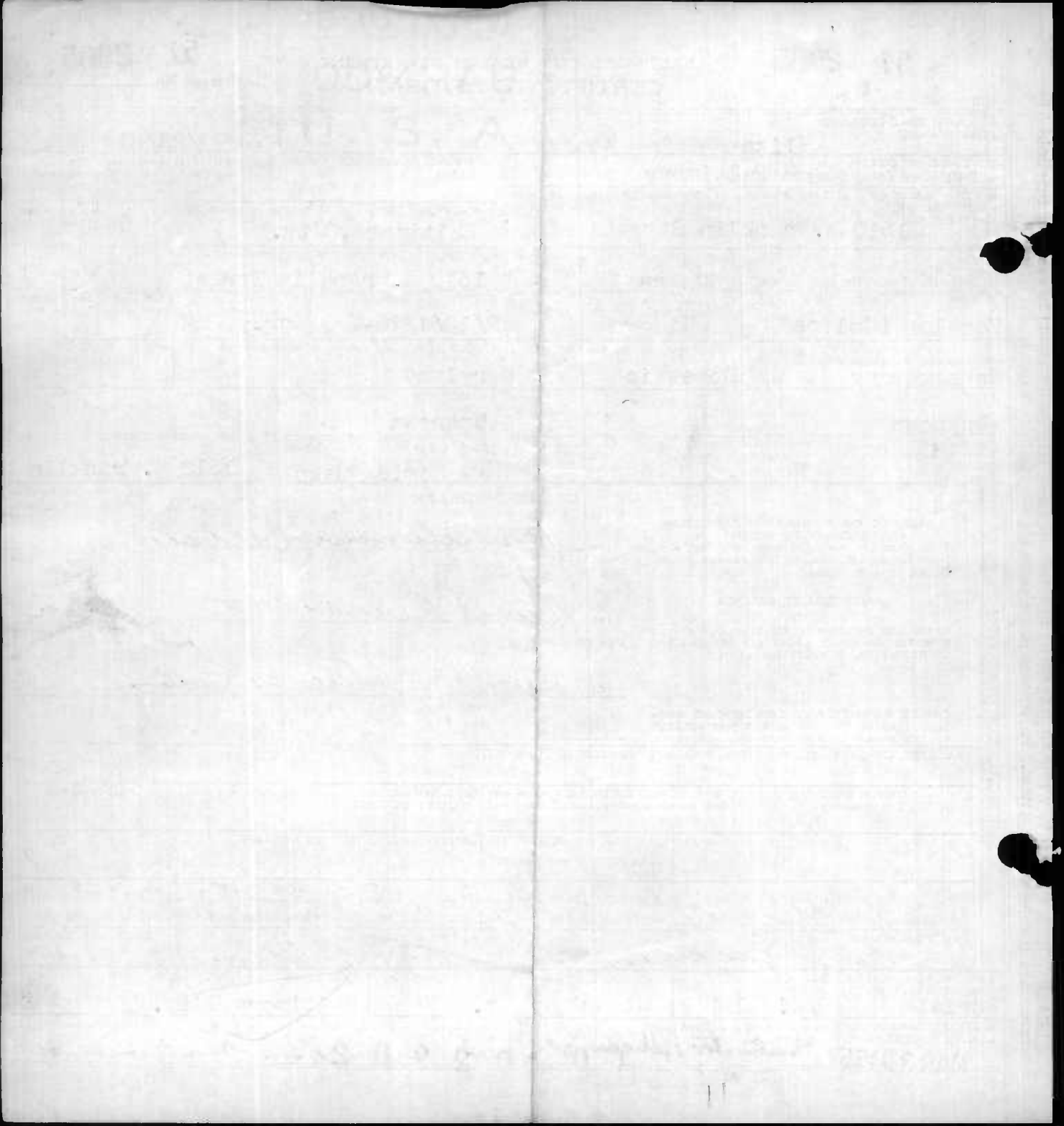
N-362
51 2905BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2905
Registered No.

BIRTH NO.

| | | | |
|---|------------------------------------|--|--|
| 1. NAME OF DECEASED
(Type or Print) Eliza Waters | | 2. DATE OF DEATH 3/28/51 | |
| 3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore | | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MD B. COUNTY | |
| B. FULL NAME OF HOSPITAL OR INSTITUTION
1510 W. Franklin Street | | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore, City. 19-01 | |
| c. Length of stay in Baltimore 40 Yrs | | D. STREET ADDRESS (If rural, give location)
1510 W. Franklin Street | |
| 5. SEX
Female | 6. COLOR OR RACE
Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widowed | 8. DATE OF BIRTH
2/13/1875-? |
| 9. AGE (In years last birthday)
76-? | | If Under 1 Year Months: Days If Under 24 Hours Hours: Min. | |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housekeeper | | 10B. KIND OF BUSINESS OR INDUSTRY
Domestic | |
| 11. BIRTHPLACE (State or foreign country)
Maryland | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13. FATHER'S NAME
Unknown | | 14. MOTHER'S MAIDEN NAME
Unknown | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
No | | 16. SOCIAL SECURITY NO.
None | |
| 17. INFORMANT
Mrs Mamie Queen | | ADDRESS
1510 W. Franklin | |
| 18. 442X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Hypertension Cerebral
DUE TO
Renal disease & Senility, arteriosclerosis | | CAUSE OF DEATH
Hypertension Cerebral
Renal disease & Senility, arteriosclerosis
DUE TO
Senility, arteriosclerosis | |
| 19A. DATE OF OPERATION 0 | | 19B. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY?
YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | |
| 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) | | | |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | | 21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK | |
| 21F. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from 3/26 , 19 51 , to 3/28 , 19 51 , that I last saw the deceased alive on 3/27 , 19 51 , and that death occurred at 2 P.M. , from the causes and on the date stated above. | | | |
| 23A. SIGNATURE
[Signature] M. D. | | 23B. ADDRESS
[Address] | |
| 23C. DATE SIGNED
3/29/51 | | | |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial | | 24B. DATE
3/31/51 | |
| 24C. NAME OF CEMETERY OR CREMATORY
Mt Auburn Ct. | | 24D. LOCATION (City, town, or county) (State)
Baltimore, City. | |
| DATE RECEIVED BY LOCAL REGISTRAR
MAR 30 1951 | | REGISTRAR'S SIGNATURE
[Signature] | |
| 25. FUNERAL DIRECTOR
[Signature] | | ADDRESS
1062 - Montgomery St | |

VS 150

131a



PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2906

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2906

BIRTH NO.

| | | | |
|--|----------------------------------|--|--|
| 1. NAME OF DECEASED
(Type or Print) Louis Kalter | | 2. DATE OF DEATH 3-29-51 | |
| 3. PLACE OF DEATH:
A. Baltimore City, Maryland | | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY | |
| B. FULL NAME OF HOSPITAL OR INSTITUTION
Baltimore City Hospitals | | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 21-02 | |
| 5. LENGTH OF STAY IN BALTIMORE Life | | D. STREET ADDRESS (If rural, give location)
1349 James Street (23) | |
| 5. SEX
Male | 6. COLOR OR RACE
White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Single | 8. DATE OF BIRTH
Jan. 30, 1886 |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Laborer | | 10B. KIND OF BUSINESS OR INDUSTRY
General | |
| 13. FATHER'S NAME
John Kalter | | 11. BIRTHPLACE (State or foreign country)
Maryland | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
- | | 16. SOCIAL SECURITY NO.
- | |
| 12. CITIZEN OF WHAT COUNTRY?
USA | | 14. MOTHER'S MAIDEN NAME
Emma Green | |
| 17. INFORMANT
RECORDS* BALTO, CITY HOSPITALS | | ADDRESS 4940 EASTERN AVE. | |
| 18. 581.0 CAUSE OF DEATH | | | |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)
(A) Early portal cirrhosis
DUE TO | | | |
| ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO | | | |
| (C) | | | |
| II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | | | |
| 19A. DATE OF OPERATION
3-27-51 | | 19B. MAJOR FINDINGS OF OPERATION
of right kidney
Acute Abdomen Retroperitoneal Hematoma in the region | |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH
<input type="checkbox"/> | | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
<input type="checkbox"/> | |
| 21C. WHERE DID INJURY OCCUR?
(If in Baltimore City, give exact location) | | 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | |
| 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21F. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from 3-27, 1951 , to 3-29, 1951 , that I last saw the deceased alive on 3-29, 1951 , and that death occurred at 12:00 PM , from the causes and on the date stated above. | | | |
| 23A. SIGNATURE
[Signature] M. D. | | 23B. ADDRESS
4940 Eastern Avenue | |
| 23C. DATE SIGNED
3-30-51 | | 20. AUTOPSY?
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial | | 24B. DATE
4/2/51 | |
| 24C. NAME OF CEMETERY OR CREMATORY
Western Cem. | | 24D. LOCATION (City, town, or county)
Edmondson & Longwood Sts. | |
| DATE RECEIVED BY LOCAL REGISTRAR
MAR 30 1951 | | REGISTRAR'S SIGNATURE
[Signature] | |
| 25. FUNERAL DIRECTOR
[Signature] | | ADDRESS
[Signature] | |

2075

10

2075

VALLEY

CHURCH

CHURCH

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **51 2908**

BIRTH NO. **536**

| | | | |
|--|------------------------------------|--|---|
| 1. NAME OF DECEASED
(Type or Print) THOMAS ANDERSON | | 2. DATE OF DEATH March 26, 1951 | |
| 3. PLACE OF DEATH:
A. Baltimore City, Maryland Baltimore City Hosp. | | 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE Maryland B. COUNTY Baltimore | |
| B. FULL NAME OF HOSPITAL OR INSTITUTION
Baltimore City Hospital | | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Dundalk | |
| c. Length of stay in Baltimore | | D. STREET ADDRESS (If rural, give location)
623 Main Street | |
| 5. SEX
Male | 6. COLOR OR RACE
Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widowed | 8. DATE OF BIRTH
May 20, 1895 |
| 9. AGE (in years last birthday)
56 | | 10. Under 1 Year
Months: 0 Days: 6 | 11. Under 24 Hours
Hours: 0 Min: 6 |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Minister | | 10B. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (State or foreign country)
Abbeville, S.C. | | 12. CITIZEN OF WHAT COUNTRY?
U.S.A. | |
| 13. FATHER'S NAME
Wesley Anderson, S.C. | | 14. MOTHER'S MAIDEN NAME
Nannie Anderson, S.C. | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
yes | | 16. SOCIAL SECURITY NO.
237-26-5437 | |
| 17. INFORMANT
Helenaniel, 623 Main St. Balto. 12, Md. | | ADDRESS Dundalk | |

| | | |
|--|--|----------------------------------|
| 18. E 811.4
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Purulent peritonitis | | INTERVAL BETWEEN ONSET AND DEATH |
| (A) DUE TO | | |
| ANTECEDENT CAUSES | | |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. | | |
| (B) DUE TO | | |
| (C) DUE TO | | |
| II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Fracture of pelvis | | |

| | | | | | |
|--|--|---|--|--|--|
| 19A. DATE OF OPERATION | | 19B. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY?
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input checked="" type="checkbox"/> CAUSE OF DEATH. | | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
Street | | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
Sollers Point Road, Turners Station | |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
Feb. 26, 1951 4:30 P. m. | | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21F. HOW DID INJURY OCCUR?
Auto and streetcar collision | |
| 22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input type="checkbox"/> , <u>accident</u> <input checked="" type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> . | | | | | |
| 23A. SIGNATURE
William J. Board | | 23B. CHIEF MEDICAL EXAMINER.....
M.D. ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR..... | | 23C. DATE SIGNED
March 27, 1951 | |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial | | 24B. DATE
Apr. 2, 1951 | | 24C. NAME OF CEMETERY OR CREMATORY
Arbutus Mem. Park | |
| 24D. LOCATION (City, town, or county) (State)
Baltimore Co. Md. | | 24E. FUNERAL DIRECTOR
Charles R. Ladd | | ADDRESS
802 Madison Ave | |

MAR 30 1951 VS 151 N-808.2 009BW 170B ✓

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RECEIVED

OFFICE OF THE

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OFFICE OF THE

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PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

425
51 2909

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2909

| | | | | | | | | | |
|---|----------------------------------|---|---|--|--|---|--|--|---|
| BIRTH NO. | | | 1. NAME OF DECEASED
(Type or Print) MARY J. ^{JOHANA} ELLIGSON | | | 2. DATE OF DEATH 3/28/51 | | | |
| 3. PLACE OF DEATH:
A. Baltimore City, Maryland | | | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY Balto. | | | | | | |
| B. FULL NAME OF HOSPITAL OR INSTITUTION
Mary Hospital | | | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore Overlea | | | | | | |
| c. Length of stay in Baltimore
Life | | | Yrs. Mos. Days | | | D. STREET ADDRESS (If rural, give location)
101 Lin high ave. 5300 | | | |
| 5. SEX
Female | 6. COLOR OR RACE
White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married | | 8. DATE OF BIRTH
March 3, 1908 | 9. AGE (In years last birthday)
43 | 10. Under 1 Year
Months: Days: Hours: Min. | | 11. BIRTHPLACE (State or foreign country)
Maryland | 12. CITIZEN OF WHAT COUNTRY?
U.S.A. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife | | | 10B. KIND OF BUSINESS OR INDUSTRY
— | | | 13. FATHER'S NAME
Frank Dumps | | | 14. MOTHER'S MAIDEN NAME
ANNA SELLNER. |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)
No | | | 16. SOCIAL SECURITY NO.
212-05-1610 | | | 17. INFORMANT
EDWARD H ELLIGSON | | | ADDRESS
101 LINNICH |
| 18. 4343
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Pericarditis = Effusion | | | CAUSE OF DEATH
(A) Pericarditis = Effusion
DUE TO | | | INTERVAL BETWEEN ONSET AND DEATH
?? | | | |
| ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) —
DUE TO
(C) — | | | | | | | | | |
| II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
— | | | | | | | | | |
| 19A. DATE OF OPERATION
None | | | 19B. MAJOR FINDINGS OF OPERATION
— | | | 20. AUTOPSY?
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/> | | | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
— | | | 21C. WHERE DID INJURY OCCUR?
(If in Baltimore City, give exact location)
— | | | |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
— | | | 21E. INJURY OCCURRED
WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | 21F. HOW DID INJURY OCCUR?
— | | | |
| 22. I hereby certify that I attended the deceased from 3/26 , 1951, to 3/28 , 1951, that I last saw the deceased alive on 3/28 , 1951, and that death occurred at 10:30 p.m., from the causes and on the date stated above. | | | | | | | | | |
| 23A. SIGNATURE
W B Reever, Jr. | | | M. D. | | | 23B. ADDRESS
Mary Hospital | | | 23C. DATE SIGNED
3/28/51 |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL | | | 24B. DATE
MAR 31 1951 | | | 24C. NAME OF CEMETERY OR CREMATORY
HOLY REDEEMER CEM. | | | 24D. LOCATION (City, town, or county) (State)
4430 BELAIR RD MD |
| DATE RECEIVED BY LOCAL REGISTRAR
MAR 30 1951 | | | REGISTRAR'S SIGNATURE
Huntington Williams | | | 25. FUNERAL DIRECTOR
Geoff BDO. | | | ADDRESS
67110 BELAIR RD |

CERTIFICATE CORRECTED

BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF DEATH

Registered No.

51 2910

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

HARRY BLACK

2. DATE
OF
DEATH

March 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

Maryland

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

410 N. Pearl Street

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

U

8. DATE OF BIRTH

3-12-1890

9. AGE (In years
last birthday)

61 (62)

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

K

11. BIRTHPLACE (State or foreign country)

Arkansas

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

N

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

W

16. SOCIAL
SECURITY NO.

N

17. INFORMANT

ADDRESS

Anna Massy 410 N. Pearl Street

18. E 982X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Stab wound of the chest involving the

DUE TO aorta and pulmonary artery with
massive right hemothorax and hemopericardium

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

home

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

410 N. Pearl Street

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

March 23, 1951 10:45 P.

21E. INJURY OCCURRED

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☒

21F. HOW DID INJURY OCCUR?

Stabbed with butcher knife during altercation

22. I certify that I took charge of the remains described above, held an autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☒, undetermined ☐.

23A. SIGNATURE

William H. Wood

23B. CHIEF MEDICAL EXAMINER ☐

ASSISTANT MEDICAL EXAMINER ☒

M.D.

MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

March 24, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

4-3-51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary

24D. LOCATION (City, town, or county)

Cedar Hill, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 30 1951

REGISTRAR'S SIGNATURE

William H. Wood

25. FUNERAL DIRECTOR

A. Halstead

ADDRESS

918 Druid Hill Avenue

V S 151

N-861.2

167 ✓

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

0193 1c

UNITED STATES OF AMERICA

0193 1c

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

F# 650
51 2911

FORNEY
BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2911
Registered No.

| | | |
|---|---------------------------|--|
| BIRTH NO. Virginia B. Forney | | |
| 1. NAME OF DECEASED
(Type or Print) Virginia Forney | | 2. DATE OF DEATH
3/24/51 |
| 3. PLACE OF DEATH:
A. Baltimore City, Maryland | | 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE Maryland B. COUNTY |
| B. FULL NAME OF HOSPITAL OR INSTITUTION
Hillcrest Convalescent Home
212 Stoney Run Lane | | C. CITY OR TOWN (If outside corporate limits, write full name, and give township)
Baltimore |
| D. STREET ADDRESS (If rural, give location)
2106 N. Calvert Street | | |
| c. Length of stay in Baltimore
25 Yrs. Mos. Days | | |
| 5. SEX
Female | 6. COLOR OR RACE
White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widowed |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
At Home | | 10B. KIND OF BUSINESS OR INDUSTRY |
| 11. BIRTHPLACE (State or foreign country)
Taneytown, Md. | | 12. CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME
Andrew Stonesifer | | 14. MOTHER'S MAIDEN NAME
Emma V. Bachman |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. |
| 17. INFORMANT
Rev. Wade E. Stonesifer | | ADDRESS
3216 Mayfield Ave. |

| | | |
|--|--|--|
| 18. 447X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | CAUSE OF DEATH
(A) Hemiplegia
DUE TO
(B) arterial hypertension
DUE TO
(C) | INTERVAL BETWEEN ONSET AND DEATH
1 yr
13 yrs |
|--|--|--|

| | | | | | |
|--|--|---|--|--|--|
| 19A. DATE OF OPERATION | | 19B. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY?
YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) | |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | | 21E. INJURY OCCURRED
WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21F. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from Jan. 1938, to March 24, 1951, that I last saw the deceased alive on March 22, 1951, and that death occurred at 10 P.M., from the causes and on the date stated above. | | | | | |
| 23A. SIGNATURE
W. P. Johnson | | 23B. ADDRESS
403 Med Arts Bldg | | 23C. DATE SIGNED
3/26/51 | |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial | | 24B. DATE
March 31, 1951 | | 24C. NAME OF CEMETERY OR CREMATORY
Parkwood Cemetery | |
| | | | | 24D. LOCATION (City, town, or county) (State)
Baltimore, Maryland. | |
| DATE RECEIVED BY LOCAL REGISTRAR
MAR 30 1951 | | REGISTRAR'S SIGNATURE
Huntington Williams | | 25. FUNERAL DIRECTOR
H. St. Meador Son | |
| | | | | ADDRESS
805 N. Calvert | |
| VS 150 | | 2900 | | 837 | |

1909

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CERTIFICATE OF DEATH

1909

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

B-560
51 2912

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2912
Registered No.

| | | | | | |
|---|-------------------------------|---|---|--|---|
| 1. NAME OF DECEASED
(Type or Print) <i>George Benner</i> | | | 2. DATE OF DEATH <i>March 29, 1951</i> | | |
| 3. PLACE OF DEATH:
A. Baltimore City, Maryland <i>4023 Lewiston Ave</i> | | | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE <i>md</i> B. COUNTY <i>Balto</i> | | |
| B. FULL NAME OF HOSPITAL OR INSTITUTION <i>4023 Lewiston Ave</i> | | | C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) <i>Baltimore 27-18</i> | | |
| c. Length of stay in Baltimore <i>Life</i> | | | D. STREET ADDRESS (If rural, give location) <i>4023 Lewiston Ave LEWISTON</i> | | |
| 5. SEX <i>Male</i> | 6. COLOR OR RACE <i>White</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i> | 8. DATE OF BIRTH <i>Dec. 31, 1864</i> | | 9. AGE (In years last birthday) <i>86</i> |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Meat Butcher</i> | | 10B. KIND OF BUSINESS OR INDUSTRY <i>Meat</i> | 11. BIRTHPLACE (State or foreign country) <i>Baltimore, Md</i> | | 12. CITIZEN OF WHAT COUNTRY? <i>U.S.A</i> |
| 13. FATHER'S NAME <i>Adam Benner</i> | | | 14. MOTHER'S MAIDEN NAME <i>Margaret Spokes</i> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <i>no</i> | | 16. SOCIAL SECURITY NO. <i>212-28-2951</i> | 17. INFORMANT ADDRESS <i>Mrs Elizabeth J. Benner 4023 Lewiston Ave</i> | | |
| 1B. <i>420.0</i>
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | | | CAUSE OF DEATH
(A) <i>Acute Coronary Thrombosis</i>
DUE TO
(B) <i>Arterio-Sclerotic Heart Disease</i>
DUE TO
(C) _____

INTERVAL BETWEEN ONSET AND DEATH <i>6 days</i> | | |
| 19A. DATE OF OPERATION <i>0</i> | | 19B. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY?
YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) | |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | | 21E. INJURY OCCURRED
WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21F. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from <i>March 23, 1951</i> , to <i>March 29, 1951</i> that I last saw the deceased alive on <i>3/29, 1951</i> , and that death occurred at <i>7:45</i> a.m., from the causes and on the date stated above. | | | | | |
| 23A. SIGNATURE <i>Julius C. Blum</i> | | 23B. ADDRESS <i>5356 Reisterstown Rd</i> | | 23C. DATE SIGNED <i>3/30/51</i> | |
| 24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | | 24B. DATE <i>March 31/51</i> | | 24C. NAME OF CEMETERY OR CREMATORY <i>Druid Ridge</i> | |
| 24D. LOCATION (City, town, or county) <i>Tiborville, Md</i> | | 24E. DATE RECEIVED BY LOCAL REGISTRAR <i>March 30 1951</i> | | 24F. REGISTRAR'S SIGNATURE <i>Huntington Williams, M.D.</i> | |
| 25. FUNERAL DIRECTOR <i>Lois Byers</i> | | 25A. ADDRESS <i>5005 E. Light St</i> | | 25B. SIGNATURE <i>Lois Byers</i> | |

927

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CERTIFICATE OF DEATH

1901

[Faint, illegible text, likely bleed-through from the reverse side of the page]

PLEASE WRITE PROMPTLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

427 or approval by Med Examiner
51 2913

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2913

Registered No.

| | | | | | |
|---|------------------------------|--|---|---|---|
| BIRTH NO. | | | | | |
| 1. NAME OF DECEASED
(Type or Print) <i>William Henry Eckels</i> | | | 2. DATE OF DEATH <i>3-29-51</i> | | |
| 3. PLACE OF DEATH:
A. Baltimore City, Maryland | | | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE <i>md.</i>
B. COUNTY | | |
| B. FULL NAME OF HOSPITAL OR INSTITUTION
<i>DoA Lutheran Hospital of Maryland</i> | | | C. CITY OR TOWN (If outside corporate limits, write R. I. C. L. and give township)
<i>Baltimore</i> | | |
| D. STREET ADDRESS (If rural, give location)
<i>3014 Spaulding Ave</i> | | | E. Yrs. <i>62</i>
Moe. Days | | |
| 5. SEX
<i>M</i> | 6. COLOR OR RACE
<i>W</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
<i>M</i> | 8. DATE OF BIRTH
<i>1-24-1889</i> | 9. AGE (in years last birthday)
<i>62</i> | 10. Under 1 Year Months Days
11. Under 24 Hours Hours Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
<i>Hardware Merchant</i> | | | 10B. KIND OF BUSINESS OR INDUSTRY
<i>Retail</i> | | |
| 11. BIRTHPLACE (State or foreign country)
<i>Baltimore</i> | | | 12. CITIZEN OF WHAT COUNTRY?
<i>U. S. A.</i> | | |
| 13. FATHER'S NAME
<i>William Eckels</i> | | | 14. MOTHER'S MAIDEN NAME
<i>Elizabeth Benner</i> | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)
<i>No</i> | | | 16. SOCIAL SECURITY NO. | | |
| 17. INFORMANT
<i>Harvey E. Young</i> | | | ADDRESS
<i>3709 Cedar Street Baltimore</i> | | |
| 18. <i>4201</i> CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) <i>Coronary occlusion</i>
DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
19A. DATE OF OPERATION <i>0</i> 19B. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) | |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21F. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | |
| 23A. SIGNATURE
<i>John W. Young Jr.</i> | | 23B. ADDRESS
M. D. <i>11 E. Chase St.</i> | | 23C. DATE SIGNED
<i>3-29-51</i> | |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)
<i>Burial</i> | | 24B. DATE
<i>April 2/51</i> | | 24C. NAME OF CEMETERY OR CREMATORY
<i>Woodlawn</i> | |
| 24D. LOCATION (City, town, or county) (State)
<i>Baltimore, Maryland</i> | | 25. FUNERAL DIRECTOR
ADDRESS
<i>Young & Sons, 505 N. E. Light St.</i> | | | |
| DATE RECEIVED BY LOCAL REGISTRAR
<i>MAR 30 1951</i> | | REGISTRAR'S SIGNATURE
<i>John W. Young Jr.</i> | | 25. FUNERAL DIRECTOR
ADDRESS
<i>Young & Sons, 505 N. E. Light St.</i> | |
| VS 150
<i>2906N</i>
<i>94a</i> | | | | | |

1913

12

CERTIFICATE OF DEATH

1913



PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH

Registered No. **51 2914**

M# 460
51 2914
BIRTH NO. **50-19702**

| | | | |
|---|----------------------------------|---|---|
| 1. NAME OF DECEASED
(Type or Print) Baby LUDITH MILLER | | 2. DATE OF DEATH 3-29-1951 | |
| 3. PLACE OF DEATH:
A. Baltimore City, Maryland | | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY | |
| B. FULL NAME OF HOSPITAL OR INSTITUTION
St. Agnes Hospital | | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 27-18 | |
| c. Length of stay in Baltimore
Yrs. Mos. Days | | D. STREET ADDRESS (If rural, give location)
3610 W. Belvedere Ave | |
| 5. SEX
Female | 6. COLOR OR RACE
white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
single | 8. DATE OF BIRTH
9-16-1950 |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10B. KIND OF BUSINESS OR INDUSTRY | 9. AGE (In years last birthday)
0 |
| 11. BIRTHPLACE (State or foreign country)
Sept. 16 1950 | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13. FATHER'S NAME
George Miller | | 14. MOTHER'S MAIDEN NAME
Alice Borgetti | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT | | ADDRESS | |

MEDICAL CERTIFICATION

| | |
|---|----------------------------------|
| 18. 7620 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
LARYNGEAL EDEMA
DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
CEREBRAL EDEMA
DUE TO
ATELECTASIS - BILATERAL | INTERVAL BETWEEN ONSET AND DEATH |
| II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | |

| | | |
|---|--|---|
| 19A. DATE OF OPERATION 2 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/> | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR? |
| 22. I hereby certify that I attended the deceased from 2/28 , 19 51 , to 3/29 , 19 51 , that I last saw the deceased alive on 3/29 , 19 51 , and that death occurred at 2:30 a.m., from the causes and on the date stated above. | | |
| 23A. SIGNATURE
Dr. H. Shaw M. D. | 23B. ADDRESS
St. Agnes | 23C. DATE SIGNED
3/29/51 |

| | | | |
|--|---|---|--|
| 24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial | 24B. DATE
March 31/51 | 24C. NAME OF CEMETERY OR CREMATORY
Barthwood | 24D. LOCATION (City, town, or county) (State)
Baltimore, Md. |
| DATE RECEIVED BY LOCAL REGISTRAR
MAR 30 1951 | REGISTRAR'S SIGNATURE
Wilmington Williams, M.D. | 25. FUNERAL DIRECTOR
Loring Byers 5005 Park Heights Ave | |

VS 150

2911

105

MRS. J. C.

1894

1894

1894

1894

1894

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1894

1894

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **51 2915**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Samuel C. Knapp

2. DATE
OF
DEATH

March 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland **Baltimore City**

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)
A. STATE **Md.** B. COUNTY

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

1450 Henry Street

C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)
Baltimore City **24-00**

D. STREET ADDRESS (If rural, give location)

1450 Henry Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Oct. 29, 1891

9. AGE (In years
last birthday)

59

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Pipefitter

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

John Knapp

14. MOTHER'S MAIDEN NAME

Evelyn Crane

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS
Anna M. Knapp 1450 Henry St.

18. **177X**

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) ...
DUE TO

**Extensive Carcinoma
of the prostate with
uremia due to hydronephrosis**

15 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) ...
DUE TO

**Renal Arteriosclerosis
Renal failure.**

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C) ...
DUE TO

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK

22. I hereby certify that I attended the deceased from **Jan**, 19**51**, to **Mar 20, 1951**, that I last saw the
deceased alive on **March 20, 1951**, and that death occurred at **m.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

John S. Harris M.D.

11 E. Chase Balto 2

3/30/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

April 2, 51

Holy Cross

A. A. Co. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Huntington Williams, M.D.

Flynn & Fleming 1426 Light St.

MAR 30 1951

VS 150

574 24

51 B

100-100

RECEIVED BY THE
OFFICE OF THE
ATTORNEY GENERAL

100-100



PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2916
BIRTH NO.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2916

| | | | |
|---|----------------------------------|--|--|
| 1. NAME OF DECEASED
(Type or Print) James Tongue | | 2. DATE OF DEATH 3-28-51 | |
| 3. PLACE OF DEATH:
A. Baltimore City, Maryland | | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY | |
| B. FULL NAME OF HOSPITAL OR INSTITUTION
Baltimore Coty Hospitals | | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore | |
| c. Length of stay in Baltimore Life | | D. STREET ADDRESS (If rural, give location)
4803 Hillen Rd. (12) | |
| 5. SEX
Male | 6. COLOR OR RACE
Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Sep. | 8. DATE OF BIRTH
July 7 1874 |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Ret. Laborer | | 11. BIRTHPLACE (State or foreign country)
Maryland | |
| 10B. KIND OF BUSINESS OR INDUSTRY
GENI. | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13. FATHER'S NAME
James Tongue | | 14. MOTHER'S MAIDEN NAME
Manda Brown | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT
RECORDS* Balto. City Hospitals Eastern Ave. | | ADDRESS 4940 | |
| 18. 4200 I
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Arteriosclerotic Heart Disease
DUE TO
(A) 5yrs.
INTERVAL BETWEEN ONSET AND DEATH
5yrs. | | | |
| ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) 5yrs.
DUE TO
(C) | | | |
| II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | | | |
| 19A. DATE OF OPERATION 3-28 | | 19B. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY?
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/> | | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | |
| 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) | | | |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21F. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from 6-6 , 19 50 , to 3-28 , 19 51 , that I last saw the deceased alive on 3-28 , 19 51 , and that death occurred at 2:00pm from the causes and on the date stated above. | | | |
| 23A. SIGNATURE
J. S. Rogers | | 23B. ADDRESS
4940 Eastern Avenue | |
| 23C. DATE SIGNED
3-29-1951 | | | |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial | | 24B. DATE
3/31/1951 | |
| 24C. NAME OF CEMETERY OR CREMATORY
Mt. Zion | | 24D. LOCATION (City, town, or county) (State)
Anne Arundel Co. Md. | |
| DATE RECEIVED BY LOCAL REGISTRAR
MAR 30 1951 | | REGISTRAR'S SIGNATURE
Wm. Brown | |
| 25. GENERAL DIRECTOR
George A. Eiden | | ADDRESS
1715 Spring Hill Ave | |

3003

12

3003



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2917

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2917

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Lillian M. Fordyce

2. DATE
OF
DEATH

March 30, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4105 Wilke Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

27-01

D. STREET ADDRESS (If rural, give location)

4105 Wilke Ave.

c. Length of stay in Baltimore

-

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

July 9, 1913

9. AGE (in years
last birthday)

37

If Under 1 Year
Months Days

If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

-

11. BIRTHPLACE (State or foreign country)

Baltimore, Md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Charles Belschner

14. MOTHER'S MAIDEN NAME

Mary

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. James D. Fordyce-4105 Wilke Ave.

18. 345X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Multiple sclerosis cord of brain

1 year

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from Jan. -, 19 51, to 3-30-, 19 51 that I last saw the
deceased alive on 3-28-, 19 51, and that death occurred at 9 A. m., from the causes and on the date stated above.

23A. SIGNATURE

J. S. Harding

M. D.

23B. ADDRESS

3805 Selau Rd

23C. DATE SIGNED

April 5/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4-2-51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood

24D. LOCATION (City, town, or County)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

3-30-51

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

W. L. Ruck-5305 Harford Road

ADDRESS

Page 10

Page 10

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PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please, write the causes of death clearly and legibly.

I-400
51 2918

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2918

Ihle

| | | | | | |
|--|------------------------------|---|--|--|----------------------------------|
| 1. NAME OF DECEASED
(Type or Print) <i>Joseph C Ihle</i> | | | 2. DATE OF DEATH
<i>3/28/51</i> | | |
| 3. PLACE OF DEATH:
A. Baltimore City, Maryland ✓
B. FULL NAME OF HOSPITAL OR INSTITUTION
<i>University Hosp</i>
C. Length of stay in Baltimore | | | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE <i>md</i>
C. CITY OR TOWN <i>Balto</i>
O. STREET ADDRESS (If rural, give location)
<i>216 Collins Ave</i> | | |
| 5. SEX
<i>M</i> | 6. COLOR OR RACE
<i>W</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
<i>W</i> | 8. DATE OF BIRTH
<i>June 11 1893</i> | 9. AGE (in years last birthday)
<i>57</i> | 10. Under 1 Year
Months: Days |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
<i>Base Taker</i> | | | 11. BIRTHPLACE (State or foreign country)
<i>md</i> | | |
| 13. FATHER'S NAME
<i>Charles</i> | | | 14. MOTHER'S MAIDEN NAME
<i>Barabara Bra</i> | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) | | | 16. SOCIAL SECURITY NO. | | |
| 17. INFORMANT
<i>Mrs. Mrs. Jacob</i> | | | ADDRESS | | |
| 18. <i>200.0</i>
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
<i>Reticulum Cell</i>
DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
<i>Sarcoma. with</i>
DUE TO
<i>metastases.</i> | | | INTERVAL BETWEEN ONSET AND DEATH | | |
| II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | | | | | |
| 19A. DATE OF OPERATION | | 19B. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY?
YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH | | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) | |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | | 21E. INJURY OCCURRED
WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21F. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from <i>3/5/51</i> , 19 <i>51</i> , to <i>3/28/51</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>3/28/51</i> , 19 <i>51</i> , and that death occurred at <i>1:30</i> p. m., from the causes and on the date stated above. | | | | | |
| 23A. SIGNATURE
<i>Joseph B. Branshaw</i> | | 23B. ADDRESS
<i>Ward. Hospital</i> | | 23C. DATE SIGNED
<i>3/30/51</i> | |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)
<i>Burial</i> | | 24B. DATE
<i>3/31/51</i> | | 24C. NAME OF CEMETERY OR CREMATORY
<i>New Catholic</i> | |
| 24D. LOCATION (City, town, or county)
<i>Balto md</i> | | 24E. STATE
<i>md</i> | | 24F. LOCATION (City, town, or county)
<i>Balto md</i> | |
| DATE RECEIVED BY LOCAL REGISTRAR
<i>MAR 30 1951</i> | | REGISTRAR'S SIGNATURE
<i>Wilmington Williams, M.D.</i> | | 25. FUNERAL DIRECTOR
<i>Henry H. Withers</i> | |
| VS 150 | | 90 FB | | 55E | |

1918

14

1918

1918

1918

1918



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

GROSS

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2919

Registered No.

51 2919

1. NAME OF DECEASED
(Type or Print)

Henrietta Gross

2. DATE
OF
DEATH

3/27/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution location)

1847 W. Lexington St.

C. Length of stay in Baltimore

5. SEX

Female

6. COLOR OR RACE

W.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widow

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

H.W.

10B. KIND OF BUSINESS OR INDUSTRY

Own Home

13. FATHER'S NAME

Zaiser

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Henry S. Gross, 1847 W. Lexington St.

18. 1624

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Gen. Carcinoma of is
DUE TO

2 mths.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Bronchogenic Carcinoma
DUE TO
(C)

6 mos.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Diabetes Mellitus

?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 1950 to Mar. 27, 1951, that I last saw the deceased alive on Mar. 26, 1951, and that death occurred at 5:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

Charles Tommasello

23B. ADDRESS

910 W. Lombard St.

23C. DATE SIGNED

Mar. 28/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 30 1951

Henrietta Williams

Harry H. Kistler, 4101 Edmond

VS 150

47c Ave

910 W. Lomb

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **51 2920**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George Hatton.

2. DATE
OF
DEATH

March 28, 1951.

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

590 St. Mary St.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Maryland** B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

17-01

D. STREET ADDRESS (If rural, give location)

590 St. Marys St.

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Aug. 25, 1893

9. AGE (In years last birthday)

57

10. Under 1 Year Months: Days 11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Stewardess

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Rock Hall, Md.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

George Hatton.

14. MOTHER'S MAIDEN NAME

Harriett Wilson.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT ADDRESS **Miss Bertha Hatton. 1025 S. Howard St.**

18. **442X**

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Cerebral Hemorrhage**

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Cardio. Renal disease**

DUE TO

(C) **Hypertension**

?

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

Arterio Sclerosis.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **3 - 26**, 19**51** to **3 - 28**, 19**51**, that I last saw the deceased alive on **3 - 26**, 19**51** and that death occurred at **2:30 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

George J. Adams

M. D.

23B. ADDRESS

2327 W. North Ave

23C. DATE SIGNED

3 - 29 - 51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

March 31, 1951

24C. NAME OF CEMETERY OR CREMATORY

Mt. Zion

24D. LOCATION (City, town, or county) (State)

Landsdowne, Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 30 1951

REGISTRAR'S SIGNATURE

Christina Williams

25. FUNERAL DIRECTOR

Miss Kate R. Williams

ADDRESS

3227 Schenck St.

George A. Hutton

Journal of George A. Hutton
1892

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2921

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

BISHOP BACON

2. DATE
OF
DEATH

3-28-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

PROVIDENT HOSPITAL

C. CITY OR TOWN (If outside corporate limits, write it RURAL and give township)

MARYLAND
BALTIMORE

D. STREET ADDRESS (If rural, give location)

1035 RICE ST.

c. Length of stay in Baltimore

35

Yrs.
Mons.
Days

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE MARRIED
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

SEPT 10-92

9. AGE (In years

last birthday)

38

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

JUNK dealer

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

WILLIAM BACON

14. MOTHER'S MAIDEN NAME

LOUVINIA MURDOCK

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

ALICE BACON

1035 RICE ST.

18. 003.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) PULMONARY EMBARRASSMENT

DUE TO

1 hour approx.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) PLEURAL EFFUSION

DUE TO

(C) PLEURISY

3 weeks

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-26, 1951, to 3-28, 1951, that I last saw the deceased alive on 3-28, 1951, and that death occurred at 4:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

J. H. Pirkey

23B. ADDRESS

Provident Hospital

23C. DATE SIGNED

3-28-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

Burial April 2, 1951

24C. NAME OF CEMETERY OR CREMATORY

Mt. Auburn

24D. LOCATION (City, town, or county)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 30 1951

Mr. Katie Williams

Schneider St.

110-248-5073-2-2

42 43 44

10

1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008, 2009, 2010, 2011, 2012, 2013, 2014, 2015, 2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024, 2025, 2026, 2027, 2028, 2029, 2030, 2031, 2032, 2033, 2034, 2035, 2036, 2037, 2038, 2039, 2040, 2041, 2042, 2043, 2044, 2045, 2046, 2047, 2048, 2049, 2050, 2051, 2052, 2053, 2054, 2055, 2056, 2057, 2058, 2059, 2060, 2061, 2062, 2063, 2064, 2065, 2066, 2067, 2068, 2069, 2070, 2071, 2072, 2073, 2074, 2075, 2076, 2077, 2078, 2079, 2080, 2081, 2082, 2083, 2084, 2085, 2086, 2087, 2088, 2089, 2090, 2091, 2092, 2093, 2094, 2095, 2096, 2097, 2098, 2099, 2100, 2101, 2102, 2103, 2104, 2105, 2106, 2107, 2108, 2109, 2110, 2111, 2112, 2113, 2114, 2115, 2116, 2117, 2118, 2119, 2120, 2121, 2122, 2123, 2124, 2125, 2126, 2127, 2128, 2129, 2130, 2131, 2132, 2133, 2134, 2135, 2136, 2137, 2138, 2139, 2140, 2141, 2142, 2143, 2144, 2145, 2146, 2147, 2148, 2149, 2150, 2151, 2152, 2153, 2154, 2155, 2156, 2157, 2158, 2159, 2160, 2161, 2162, 2163, 2164, 2165, 2166, 2167, 2168, 2169, 2170, 2171, 2172, 2173, 2174, 2175, 2176, 2177, 2178, 2179, 2180, 2181, 2182, 2183, 2184, 2185, 2186, 2187, 2188, 2189, 2190, 2191, 2192, 2193, 2194, 2195, 2196, 2197, 2198, 2199, 2200, 2201, 2202, 2203, 2204, 2205, 2206, 2207, 2208, 2209, 2210, 2211, 2212, 2213, 2214, 2215, 2216, 2217, 2218, 2219, 2220, 2221, 2222, 2223, 2224, 2225, 2226, 2227, 2228, 2229, 2230, 2231, 2232, 2233, 2234, 2235, 2236, 2237, 2238, 2239, 2240, 2241, 2242, 2243, 2244, 2245, 2246, 2247, 2248, 2249, 2250, 2251, 2252, 2253, 2254, 2255, 2256, 2257, 2258, 2259, 2260, 2261, 2262, 2263, 2264, 2265, 2266, 2267, 2268, 2269, 2270, 2271, 2272, 2273, 2274, 2275, 2276, 2277, 2278, 2279, 2280, 2281, 2282, 2283, 2284, 2285, 2286, 2287, 2288, 2289, 2290, 2291, 2292, 2293, 2294, 2295, 2296, 2297, 2298, 2299, 2300, 2301, 2302, 2303, 2304, 2305, 2306, 2307, 2308, 2309, 2310, 2311, 2312, 2313, 2314, 2315, 2316, 2317, 2318, 2319, 2320, 2321, 2322, 2323, 2324, 2325, 2326, 2327, 2328, 2329, 2330, 2331, 2332, 2333, 2334, 2335, 2336, 2337, 2338, 2339, 2340, 2341, 2342, 2343, 2344, 2345, 2346, 2347, 2348, 2349, 2350, 2351, 2352, 2353, 2354, 2355, 2356, 2357, 2358, 2359, 2360, 2361, 2362, 2363, 2364, 2365, 2366, 2367, 2368, 2369, 2370, 2371, 2372, 2373, 2374, 2375, 2376, 2377, 2378, 2379, 2380, 2381, 2382, 2383, 2384, 2385, 2386, 2387, 2388, 2389, 2390, 2391, 2392, 2393, 2394, 2395, 2396, 2397, 2398, 2399, 2400, 2401, 2402, 2403, 2404, 2405, 2406, 2407, 2408, 2409, 2410, 2411, 2412, 2413, 2414, 2415, 2416, 2417, 2418, 2419, 2420, 2421, 2422, 2423, 2424, 2425, 2426, 2427, 2428, 2429, 2430, 2431, 2432, 2433, 2434, 2435, 2436, 2437, 2438, 2439, 2440, 2441, 2442, 2443, 2444, 2445, 2446, 2447, 2448, 2449, 2450, 2451, 2452, 2453, 2454, 2455, 2456, 2457, 2458, 2459, 2460, 2461, 2462, 2463, 2464, 2465, 2466, 2467, 2468, 2469, 2470, 2471, 2472, 2473, 2474, 2475, 2476, 2477, 2478, 2479, 2480, 2481, 2482, 2483, 2484, 2485, 2486, 2487, 2488, 2489, 2490, 2491, 2492, 2493, 2494, 2495, 2496, 2497, 2498, 2499, 2500, 2501, 2502, 2503, 2504, 2505, 2506, 2507, 2508, 2509, 2510, 2511, 2512, 2513, 2514, 2515, 2516, 2517, 2518, 2519, 2520, 2521, 2522, 2523, 2524, 2525, 2526, 2527, 2528, 2529, 2530, 2531, 2532, 2533, 2534, 2535, 2536, 2537, 2538, 2539, 2540, 2541, 2542, 2543, 2544, 2545, 2546, 2547, 2548, 2549, 2550, 2551, 2552, 2553, 2554, 2555, 2556, 2557, 2558, 2559, 2560, 2561, 2562, 2563, 2564, 2565, 2566, 2567, 2568, 2569, 2570, 2571, 2572, 2573, 2574, 2575, 2576, 2577, 2578, 2579, 2580, 2581, 2582, 2583, 2584, 2585, 2586, 2587, 2588, 2589, 2590, 2591, 2592, 2593, 2594, 2595, 2596, 2597, 2598, 2599, 2600, 2601, 2602, 2603, 2604, 2605, 2606, 2607, 2608, 2609, 2610, 2611, 2612, 2613, 2614, 2615, 2616, 2617, 2618, 2619, 2620, 2621, 2622, 2623, 2624, 2625, 2626, 2627, 2628, 2629, 2630, 2631, 2632, 2633, 2634, 2635, 2636, 2637, 2638, 2639, 2640, 2641, 2642, 2643, 2644, 2645, 2646, 2647, 2648, 2649, 2650, 2651, 2652, 2653, 2654, 2655, 2656, 2657, 2658, 2659, 2660, 2661, 2662, 2663, 2664, 2665, 2666, 2667, 2668, 2669, 2670, 2671, 2672, 2673, 2674, 2675, 2676, 2677, 2678, 2679, 2680, 26

0-231
5134952

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2922

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOHN

OSTAPIUK (Stapnick)

2. DATE
OF
DEATH

March 29, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence

A. STATE

Marvland

B. COUNTY

before admission)

5. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Johns Hopkins Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2115 Fleet Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9. AGE (In years last birthday)

57

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Laboer

10B. KIND OF BUSINESS OR INDUSTRY

Packing co.

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Wend A

14. MOTHER'S MAIDEN NAME

-

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

218-09-8664

17. INFORMANT

ADDRESS
Helen Martinez Box 60 Route 10 Sparrows Point

18.

443X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Hypertensive cardiovascular disease

QUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

QUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inquiry thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Williams

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

March 29, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

April 2-1951

24C. NAME OF CEMETERY OR CREMATORY

Holy Rosary

24D. LOCATION (City, town, or county)

Balto. Co.

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 30 1951

REGISTRAR'S SIGNATURE

W. J. F. Rouski

25. FUNERAL DIRECTOR

ADDRESS

W. J. F. Rouski 2007 Eastern Ave

5005

11

STATE OF NEW YORK

5005

IN SENATE
January 11, 1911
REPORT
OF THE
COMMISSIONERS OF THE LAND OFFICE
IN RESPONSE TO A RESOLUTION
PASSED BY THE SENATE
JANUARY 11, 1911
ALBANY: J.B. LIPPINCOTT & CO. PRINTERS
1911

| No. | | Name of the Landholder | | Acres | | Value | |
|-----|--|------------------------|--|-------|--|-------|--|
| 1 | | John A. B. Smith | | 100 | | 100 | |
| 2 | | John A. B. Smith | | 100 | | 100 | |
| 3 | | John A. B. Smith | | 100 | | 100 | |
| 4 | | John A. B. Smith | | 100 | | 100 | |
| 5 | | John A. B. Smith | | 100 | | 100 | |
| 6 | | John A. B. Smith | | 100 | | 100 | |
| 7 | | John A. B. Smith | | 100 | | 100 | |
| 8 | | John A. B. Smith | | 100 | | 100 | |
| 9 | | John A. B. Smith | | 100 | | 100 | |
| 10 | | John A. B. Smith | | 100 | | 100 | |
| 11 | | John A. B. Smith | | 100 | | 100 | |
| 12 | | John A. B. Smith | | 100 | | 100 | |
| 13 | | John A. B. Smith | | 100 | | 100 | |
| 14 | | John A. B. Smith | | 100 | | 100 | |
| 15 | | John A. B. Smith | | 100 | | 100 | |
| 16 | | John A. B. Smith | | 100 | | 100 | |
| 17 | | John A. B. Smith | | 100 | | 100 | |
| 18 | | John A. B. Smith | | 100 | | 100 | |
| 19 | | John A. B. Smith | | 100 | | 100 | |
| 20 | | John A. B. Smith | | 100 | | 100 | |
| 21 | | John A. B. Smith | | 100 | | 100 | |
| 22 | | John A. B. Smith | | 100 | | 100 | |
| 23 | | John A. B. Smith | | 100 | | 100 | |
| 24 | | John A. B. Smith | | 100 | | 100 | |
| 25 | | John A. B. Smith | | 100 | | 100 | |
| 26 | | John A. B. Smith | | 100 | | 100 | |
| 27 | | John A. B. Smith | | 100 | | 100 | |
| 28 | | John A. B. Smith | | 100 | | 100 | |
| 29 | | John A. B. Smith | | 100 | | 100 | |
| 30 | | John A. B. Smith | | 100 | | 100 | |
| 31 | | John A. B. Smith | | 100 | | 100 | |
| 32 | | John A. B. Smith | | 100 | | 100 | |
| 33 | | John A. B. Smith | | 100 | | 100 | |
| 34 | | John A. B. Smith | | 100 | | 100 | |
| 35 | | John A. B. Smith | | 100 | | 100 | |
| 36 | | John A. B. Smith | | 100 | | 100 | |
| 37 | | John A. B. Smith | | 100 | | 100 | |
| 38 | | John A. B. Smith | | 100 | | 100 | |
| 39 | | John A. B. Smith | | 100 | | 100 | |
| 40 | | John A. B. Smith | | 100 | | 100 | |
| 41 | | John A. B. Smith | | 100 | | 100 | |
| 42 | | John A. B. Smith | | 100 | | 100 | |
| 43 | | John A. B. Smith | | 100 | | 100 | |
| 44 | | John A. B. Smith | | 100 | | 100 | |
| 45 | | John A. B. Smith | | 100 | | 100 | |
| 46 | | John A. B. Smith | | 100 | | 100 | |
| 47 | | John A. B. Smith | | 100 | | 100 | |
| 48 | | John A. B. Smith | | 100 | | 100 | |
| 49 | | John A. B. Smith | | 100 | | 100 | |
| 50 | | John A. B. Smith | | 100 | | 100 | |
| 51 | | John A. B. Smith | | 100 | | 100 | |
| 52 | | John A. B. Smith | | 100 | | 100 | |
| 53 | | John A. B. Smith | | 100 | | 100 | |
| 54 | | John A. B. Smith | | 100 | | 100 | |
| 55 | | John A. B. Smith | | 100 | | 100 | |
| 56 | | John A. B. Smith | | 100 | | 100 | |
| 57 | | John A. B. Smith | | 100 | | 100 | |
| 58 | | John A. B. Smith | | 100 | | 100 | |
| 59 | | John A. B. Smith | | 100 | | 100 | |
| 60 | | John A. B. Smith | | 100 | | 100 | |
| 61 | | John A. B. Smith | | 100 | | 100 | |
| 62 | | John A. B. Smith | | 100 | | 100 | |
| 63 | | John A. B. Smith | | 100 | | 100 | |
| 64 | | John A. B. Smith | | 100 | | 100 | |
| 65 | | John A. B. Smith | | 100 | | 100 | |
| 66 | | John A. B. Smith | | 100 | | 100 | |
| 67 | | John A. B. Smith | | 100 | | 100 | |
| 68 | | John A. B. Smith | | 100 | | 100 | |
| 69 | | John A. B. Smith | | 100 | | 100 | |
| 70 | | John A. B. Smith | | 100 | | 100 | |
| 71 | | John A. B. Smith | | 100 | | 100 | |
| 72 | | John A. B. Smith | | 100 | | 100 | |
| 73 | | John A. B. Smith | | 100 | | 100 | |
| 74 | | John A. B. Smith | | 100 | | 100 | |
| 75 | | John A. B. Smith | | 100 | | 100 | |
| 76 | | John A. B. Smith | | 100 | | 100 | |
| 77 | | John A. B. Smith | | 100 | | 100 | |
| 78 | | John A. B. Smith | | 100 | | 100 | |
| 79 | | John A. B. Smith | | 100 | | 100 | |
| 80 | | John A. B. Smith | | 100 | | 100 | |
| 81 | | John A. B. Smith | | 100 | | 100 | |
| 82 | | John A. B. Smith | | 100 | | 100 | |
| 83 | | John A. B. Smith | | 100 | | 100 | |
| 84 | | John A. B. Smith | | 100 | | 100 | |
| 85 | | John A. B. Smith | | 100 | | 100 | |
| 86 | | John A. B. Smith | | 100 | | 100 | |
| 87 | | John A. B. Smith | | 100 | | 100 | |
| 88 | | John A. B. Smith | | 100 | | 100 | |
| 89 | | John A. B. Smith | | 100 | | 100 | |
| 90 | | John A. B. Smith | | 100 | | 100 | |
| 91 | | John A. B. Smith | | 100 | | 100 | |
| 92 | | John A. B. Smith | | 100 | | 100 | |
| 93 | | John A. B. Smith | | 100 | | 100 | |
| 94 | | John A. B. Smith | | 100 | | 100 | |
| 95 | | John A. B. Smith | | 100 | | 100 | |
| 96 | | John A. B. Smith | | 100 | | 100 | |
| 97 | | John A. B. Smith | | 100 | | 100 | |
| 98 | | John A. B. Smith | | 100 | | 100 | |
| 99 | | John A. B. Smith | | 100 | | 100 | |
| 100 | | John A. B. Smith | | 100 | | 100 | |

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W 300
51 2923

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2923
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ella Louise Woodward White

2. DATE
OF
DEATH

March 29-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

1301 Park Ave

4. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

Miss Smith Home

C. CITY OR TOWN (If outside corporate limits, write R.U.M. and give township)

Baltimore

O. STREET ADDRESS (If rural, give location)

Charles & 34 St.

C. Length of stay in Baltimore

About 50

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years last birthday)

If Under 1 Year

If Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTH PLACE (State or foreign country)

12. CITIZEN OF WHAT COUNTRY?

Female

White

Divorced

Oct 23/1887

63

-

-

none

none

Virginia

U.S.

13. FATHER'S NAME

W. Cabell Woodward

14. MOTHER'S MAIDEN NAME

Ella Roberta Jones

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

no

no

no

Mrs R. H. Lee (Daughter) 1905 Park

18. *420.1*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) *Coronary arteriosclerosis*

9 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Hypertension*

4 yrs

DUE TO

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER- Lying ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ NOT WHILE ☐ WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3/29, 1951*, to *3/29, 1951*, that I last saw the deceased alive on *3/29, 1951* and that death occurred at *3:40 p.m.*, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Joseph King

M. O.

1310 E. Towson Road

3/30/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Burial

Mar 31/51

Druid Ridge

Pikesville

Balto.

VS 150

2923

94a

My dear Mr. [Name]
I have just received your letter of the 10th inst. and am glad to hear from you. I am well and hope this finds you the same. I have not much news to write at present. I am still in the same place and doing the same work. I hope to hear from you again soon.

Yours very truly,
[Signature]

100
100

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

51 2924

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Gertrude E. Lewis

2. DATE
OF
DEATH

March 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

Pine Ridge Nursing Home
4703 Hampnett Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1615 Holbrook Street

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

March 8th, 1888

9. AGE (In years last birthday)

63

10. Under 1 Year
Months Days

0

11

11. Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Shorthand typewriter - Auto parts

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore, Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Samuel Lewis

14. MOTHER'S MAIDEN NAME

Emma Jenkins

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

NO

(If yes, give war or dates of service)

None

16. SOCIAL SECURITY NO.

215-01-5398

17. INFORMANT

ADDRESS

Mrs. Helen Creery-3624 Robbin Blvd.

Winnipeg, Canada

18. 470.1 and E902.7

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

CORONARY THROMBOSIS

DUE TO

HYPERTENSIVE HEART DISEASE
CEREBROVASCULAR ACCIDENT

(B)

DUE TO

APHASIA
UREMIA CHRONIC
FRACTURE LEFT FEMUR
INTERTROCHANTERIC

(C)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

CERTIFICATION APPROVED BY
CHIEF OR ASST. MEDICAL EXAMINER.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

Contributory

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

Nursing Home

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

4703 Hampnett Ave. Nursing Home

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

Mar. 8, 1951 A. M.

21E. INJURY OCCURRED

WHILE AT WORK ☐

NOT WHILE AT WORK ☒

21F. HOW DID INJURY OCCUR?

Fell from bed to floor

22. I hereby certify that I attended the deceased from 23 Jan 1950, to 28 March, 1951, that I last saw the deceased alive on 28 March, 1951, and that death occurred at 9:20 P. M., from the causes and on the date stated above.

23A. SIGNATURE

W. Kennedy Waller

M. D.

23B. ADDRESS

512 Cathedral St.

23C. DATE SIGNED

30 March 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

3-31-51

24C. NAME OF CEMETERY OR CREMATORY

Parkwood Cemetery

24D. LOCATION (City, town, or county)

Taylor Avenue, Balto: Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR

MAR 30 1951

REGISTRAR'S SIGNATURE

Wm. J. Williams, M.D.

25. FUNERAL DIRECTOR

George J. Ruth, Inc. - 1735 Harford Avenue

ADDRESS

VS 150

3506J

93D

Information from MO indicates
fracture did not contribute to
the death.

White

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **51 2925**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Eva Mary Nix

2. DATE
OF
DEATH

Mar. 29, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Baltimore

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

1930 Linden Ave.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Owings Mills

D. STREET ADDRESS (If rural, give location)

Deer Park Rd.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

July 10, 1878

9. AGE (In years
last birthday)

72

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

at home

11. BIRTHPLACE (State or foreign country)

Michigan

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Thomas

14. MOTHER'S MAIDEN NAME

Charlotte Whitley

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL
SECURITY NO.

no

17. INFORMANT

ADDRESS

Mrs. Cecelia T. White - 2200 1/2 Eutaw Place

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) **Intestinal Obstruction**
DUE TO

3 wks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) **Carcinoma Rectum**
DUE TO

9 months

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from **27 March, 1951**, to **28 March, 1951**, that I last saw the deceased alive on **28 March 1951**, and that death occurred at **5:00 A.M.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

3/31/51

24C. NAME OF CEMETERY OR CREMATORY

Druid Ridge Cem.

24D. LOCATION (City, town, or county) (State)

Pikesville, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 30 1951

William Thomas Nix

Wm. J. Slickner & Sons - Balto.

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PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2926
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY C. MORGAN

2. DATE
OF
DEATH

March 29, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Md.

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

14 East 22nd Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give Township)
Baltimore

D. STREET ADDRESS (If rural, give location)

14 E. 22nd St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

single

8. DATE OF BIRTH

July 6, 1881

9. AGE (in years
last birthday)

69

If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

saleslady

10B. KIND OF BUSINESS OR INDUSTRY

Department Store

11. BIRTHPLACE (State or foreign country)

Virginia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William C. Morgan

14. MOTHER'S MAIDEN NAME

Sarah C. Shepherd

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS
Mr. R. S. Payne, Jr.-530 Morris Ave.,
Lutherville

18. 331X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH

3 years

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Arteriosclerosis, generalized

10 years

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from Feb, 1948 to Mar 29, 1951, that I last saw the deceased alive on Mar 29, 1951, and that death occurred at 8:15 p.m., from the causes and on the date stated above.

23A. SIGNATURE

William F. Pearce

M. D.

23B. ADDRESS

205 N Charles St

23C. DATE SIGNED

Mar 30, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24B. DATE

4/2/51

24C. NAME OF CEMETERY OR CREMATORY

Greenhill Cem

24D. LOCATION (City, town, or county)

Berryville, Va.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

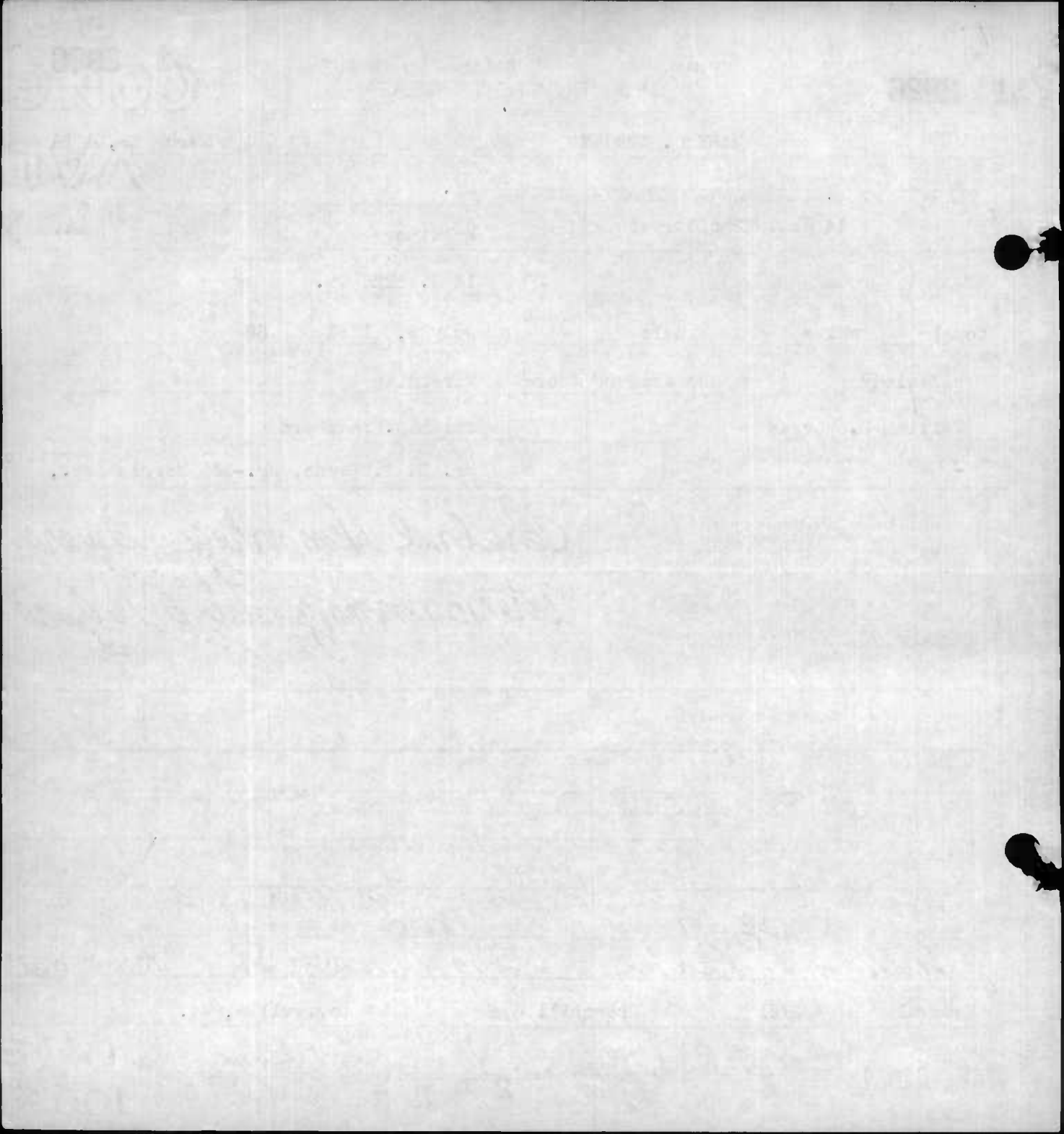
MAR 30 1951

William F. Pearce

Wm. F. Tiekner & Sons - Balt
Md.

4902825

83a



5-415
51 2927

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2927
Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print) Thomas L. Sullivan

2. DATE OF DEATH 3-29-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1000 Canton Ave.

4. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission)

A. STATE Ind

B. COUNTY Balto

B. FULL NAME OF HOSPITAL OR INSTITUTION

Jenkins Memorial Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Catonville

D. STREET ADDRESS (If rural, give location)

114 Forest Drive 5200

Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S

8. DATE OF BIRTH

Dec. 7, 1883

9. AGE (In years last birthday)

67

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Plumber - Ret.

10B. KIND OF BUSINESS OR INDUSTRY

Self Emp.

11. BIRTHPLACE (State or foreign country)

Ind.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Patrick Sullivan

14. MOTHER'S MAIDEN NAME

Margaret Morris

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Rev. John Sullivan - 114 Forest Drive

ADDRESS

18. 472.1

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) ARTERIO SCLEROTIC CARDIO
DUE TO VASCULAR DISEASE

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) CONGESTIVE FAILURE
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C) PNEUMONIA

19A. DATE OF OPERATION 0

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/26, 1951, to 3/29, 1951, that I last saw the deceased alive on 3/28, 1951, and that death occurred at 10:30 A., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

Mar 30 1951

Stanton Williams, M.D.

George F. Tully, Fulton and Fayette St.

VS 150

57424

93D

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

P- 236
51 2928

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2928
Registered No. _____

| | |
|--|----------------------------------|
| BIRTH NO. | |
| 1. NAME OF DECEASED
(Type or Print) Betty Ruth Pfister | |
| 2. DATE OF DEATH Mar. 29, 1951 | |
| 3. PLACE OF DEATH:
A. Baltimore City, Maryland | |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION 2127 N. Forest Park Ave., | |
| C. Length of stay in Baltimore 7-- Yrs. Mos. Days | |
| 5. SEX
Female | 6. COLOR OR RACE
White |
| 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Married | |
| 8. DATE OF BIRTH
Feb. 1, 1920 | |
| 9. AGE (In years last birthday) 31 | |
| 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
House-wife | |
| 10B. KIND OF BUSINESS OR INDUSTRY | |
| 11. BIRTHPLACE (State or foreign country)
Tenn. | |
| 12. CITIZEN OF WHAT COUNTRY? | |
| 13. FATHER'S NAME
Zekiel Foulks | |
| 14. MOTHER'S MAIDEN NAME
Emma E. Burky | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) | |
| 16. SOCIAL SECURITY NO.
410-03-3362 | |
| 17. INFORMANT
James W. Pfister | |
| ADDRESS
2127 N. Forest Park Ave., | |
| 18. 174X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Carcinoma of uterus
DUE TO
(A) Carcinoma of uterus
(B) _____
(C) _____
INTERVAL BETWEEN ONSET AND DEATH
2 years | |
| ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(A) _____
(B) _____
(C) _____ | |
| II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | |
| 19A. DATE OF OPERATION | |
| 19B. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY?
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH | |
| 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | |
| 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) | |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | |
| 21E. INJURY OCCURRED
WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21F. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from 8/3 1942 to 3/29 , 1951 that I last saw the deceased alive on 3/29 , 1951 and that death occurred at 1123p m., from the causes and on the date stated above. | |
| 22A. SIGNATURE
Robert A. Reiter | |
| 22B. ADDRESS
M. D. 3408 Windsor Ave | |
| 22C. DATE SIGNED
3/30/51 | |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)
Removal | |
| 24B. DATE
3-30-1951 | |
| 24C. NAME OF CEMETERY OR CREMATORY
Greeneville, | |
| 24D. LOCATION (City, town, or county) (State)
Tenn. | |
| DATE RECEIVED BY LOCAL REGISTRAR
MAR 30 1951 | |
| REGISTRAR'S SIGNATURE
Wilmington Williams, Md. | |
| 25. FUNERAL DIRECTOR
G. Howard Strong | |
| ADDRESS
3207 W. North Ave., | |

Mr. Strong
Lo-3300

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2929
Registered No.

BIRTH NO. 51 2929

| | | | |
|---|-------------------------------|--|---------------------------------------|
| 1. NAME OF DECEASED
(Type or Print) WILLIAM L. BRENGLE | | 2. DATE OF DEATH March 30, 1951 | |
| 3. PLACE OF DEATH:
A. Baltimore City, Maryland | | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE Maryland
B. COUNTY 4-01 | |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)
Mercy Hospital | | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore | |
| 5. Length of stay in Baltimore 10- Yrs. Mos. Days | | D. STREET ADDRESS (If rural, give location)
419 St. Paul Place | |
| 5. SEX male | 6. COLOR OR RACE white | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Single | 8. DATE OF BIRTH Mar. 26, 1877 |
| 9. AGE (in years last birthday) 74 | | 10. Under 1 Year Months: Days | 11. Under 24 Hours Hours: Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor | | 10B. KIND OF BUSINESS OR INDUSTRY Golden Blue Print Co. | |
| 11. BIRTHPLACE (State or foreign country) Md. | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13. FATHER'S NAME George K. Brengle | | 14. MOTHER'S MAIDEN NAME Florence C. Layman | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) no | | 16. SOCIAL SECURITY NO. 217-01-8850 | |
| 17. INFORMANT Harry G. Brengle | | ADDRESS 2107 Deyere Lane Catonsville, Md. | |

MEDICAL CERTIFICATION

| | | |
|--|--|---|
| 18. 443X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Hypertensive cardiovascular disease
DUE TO | | INTERVAL BETWEEN ONSET AND DEATH |
| ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) DUE TO
(C) | | |
| II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | | |
| 19A. DATE OF OPERATION | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | 21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE <input type="checkbox"/> AT WORK | 21F. HOW DID INJURY OCCUR? |

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

| | | |
|---|---|--|
| 23A. SIGNATURE R. S. Fisher | 23B. CHIEF MEDICAL EXAMINER <input checked="" type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input type="checkbox"/> MEDICAL INVESTIGATOR <input type="checkbox"/> | 23C. DATE SIGNED March 30, 1951 |
| 24A. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24B. DATE 4-2-1951 | 24C. NAME OF CEMETERY OR CREMATORY Mt. Olivet |
| 24D. LOCATION (City, town, or county) Frederick, Md. | | (State) |

| | | | |
|---|---|--|-------------------------------|
| DATE RECEIVED BY LOCAL REGISTRAR MAR 30 1951 | REGISTRAR'S SIGNATURE Huntington Williams, Md. | 25. FUNERAL DIRECTOR M. R. Etchison & Son | ADDRESS Frederick, Md. |
|---|---|--|-------------------------------|

VS 151 77082 2926 93D ✓

1. The first part of the report is a general description of the project and its objectives. It includes a brief history of the project and a statement of the problem to be solved. The objectives of the project are stated in clear, concise terms.

2. The second part of the report is a description of the methods used in the study. This includes a description of the experimental design, the data collection methods, and the statistical methods used to analyze the data.

3. The third part of the report is a description of the results of the study. This includes a description of the data that were collected and a discussion of the findings of the study. The results are presented in a clear and concise manner, using tables and figures where appropriate.

4. The fourth part of the report is a discussion of the implications of the findings. This includes a discussion of the limitations of the study and a discussion of the potential applications of the findings.

5. The fifth part of the report is a conclusion. This includes a summary of the findings and a statement of the overall conclusions of the study.

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-452
51 2930

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2930

BIRTH NO. 51-03115

1. NAME OF DECEASED
(Type or Print)

Baby Girl #3 Williams

2. DATE
OF
DEATH

3-29-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Univ. Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

White Hall Rd #2

c. Length of stay in Baltimore

3

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

2-1-51

9. AGE (in years
last birthday)

11 Under 1 Year
Months Days Hours Min.

2

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

FRANK WILLIAMS

14. MOTHER'S MAIDEN NAME

Nellie ? WILLIAMS

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Albert Doll White Hall Rd

1B.

76201

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Respiratory Failure
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Atelectasis
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the
deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

J. V. Weller

23B. ADDRESS

Univ. Hosp

23C. DATE, SIGNED

4/5/51

24A. BURIAL CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Mar-30-50

24C. NAME OF CEMETERY OR CREMATORY

WILKESBURY

24D. LOCATION (City, town, or county)

WHITE HALL

MD

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Howard G. MacArthur, White Hall Rd

MAR 30 1951

VS 150

161a

1947

12

RECEIVED
OFFICE OF THE
DIRECTOR OF THE
BUREAU OF THE
CENSUS

1947

1



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

K-550
51 2931

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2931
Registered No.

| | | | | | |
|--|-------------------------------|---|--|---|-------------------------------|
| BIRTH NO. | | 1. NAME OF DECEASED
(Type or Print) <u>JAMES JOSEPH KEENAN</u> | | 2. DATE OF DEATH <u>MAR 30 1951</u> | |
| 3. PLACE OF DEATH:
A. Baltimore City, Maryland <u>404 N. Greene St.</u> | | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore city</u> | | | |
| B. FULL NAME OF HOSPITAL OR INSTITUTION | | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
<u>Baltimore</u> | | | |
| c. Length of stay in Baltimore | | Yrs. Mos. Days | | D. STREET ADDRESS (If rural, give location)
<u>404 N. Greene St.</u> | |
| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>White</u> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>June 21 1883</u> | 9. AGE (in years last birthday) <u>67</u> | 10. Under 1 Year Months: Days |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
<u>Dr. Letter</u> | | 10B. KIND OF BUSINESS OR INDUSTRY
<u>Steel</u> | 11. BIRTHPLACE (State or foreign country)
<u>Washington Co. Md.</u> | | 12. CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME
<u>James Joseph Keenan</u> | | 14. MOTHER'S MARDEN NAME
<u>Not Known</u> | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT <u>404 N. Greene St.</u>
<u>Mrs. Chas E. DeLaughter</u> | | 18. 163X | |

| | | | | | |
|---|--|---|--|----------------------------------|--|
| 19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) | | CAUSE OF DEATH
(A) <u>Carcinoma of Left Lung</u>
DUE TO | | INTERVAL BETWEEN ONSET AND DEATH | |
| ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. | | (B)
DUE TO | | | |
| II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | | (C)
DUE TO | | | |

| | | | | | |
|--|--|---|--|---|--|
| 19A. DATE OF OPERATION <u>0</u> | | 19B. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY?
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) | |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | | 21E. INJURY OCCURRED
WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21F. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from <u>Jan 15, 1951</u> to <u>March 30, 1951</u> , that I last saw the deceased alive on <u>March 30, 1951</u> , and that death occurred at <u>11:45 a.m.</u> , from the causes and on the date stated above. | | | | | |
| 23A. SIGNATURE
<u>Albert Scagnetta</u>
M. D. | | 23B. ADDRESS
<u>1729 W. Lombard St</u> | | 23C. DATE SIGNED
<u>March 30, 1951</u> | |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)
<u>Burial</u> | | 24B. DATE
<u>April 2nd 1951</u> | | 24C. NAME OF CEMETERY OR CREMATORY
<u>Rest Haven Cemetery</u> | |
| 24D. LOCATION (City, town, or county) (State)
<u>Hagerstown Md</u> | | 24E. FUNERAL DIRECTOR
<u>Rest Haven Funeral Chapel Inc.</u> | | 24F. ADDRESS
<u>Hagerstown Md.</u> | |
| DATE RECEIVED BY LOCAL REGISTRAR
<u>MAR 30 1951</u> | | REGISTRAR'S SIGNATURE
<u>Huntington Williams, M.D.</u> | | 25. FUNERAL DIRECTOR
<u>Rest Haven Funeral Chapel Inc.</u> | |
| VS 150 | | 592 3A | | 47D | |

1955

STATE OF NEW YORK
DEPARTMENT OF HEALTH

1955

STATE OF NEW YORK
DEPARTMENT OF HEALTH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **51 2932**

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Ida V. Winter

2. DATE
OF
DEATH

March 28/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or hospital or institution)
General German Aged Peoples Home, 22 S. Athol Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE **Md.**

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

22 S. Athol Ave.

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Single

8. DATE OF BIRTH

Dec. 19, 1876

9. AGE (In years last birthday)

74

If Under 1 Year Months: Days
If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Saleslady

10B. KIND OF BUSINESS OR INDUSTRY

W. T. Grant & Co.

11. BIRTHPLACE (State or foreign country)

Hagerstown, Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Henry Winter

14. MOTHER'S MAIDEN NAME

Mary C. Winter

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.
212 07 3425

17. INFORMANT (SECT'Y) ADDRESS
Mr. J. Geo. Walz, 22 S. Athol Ave.

18.

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) **Cardio Respiratory failure**
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) **Myocardial Degeneration**
DUE TO

(C) **Arteriosclerosis.**

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from **Sept**, 1950, to **March 28 1951**, that I last saw the deceased alive on **March 28 1951** and that death occurred at **5:30 P.M.**, from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 31 1951

William J. Williams, M.D.

4101 Edmondson Ave.

80% 10

100% 10

80% 10

100% 10

100% 10

100% 10

100% 10

100% 10

100% 10

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. **51 2933**

51 2933
BIRTH NO.

| | | | |
|--|----------------------------------|--|--|
| 1. NAME OF DECEASED
(Type or Print) Dorothy L. Lillard | | 2. DATE OF DEATH
MAR 28, 1951 | |
| 3. PLACE OF DEATH:
a. Baltimore City, Maryland Hal R.R. | | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE MARYLAND
B. COUNTY 16-08 | |
| b. FULL NAME OF HOSPITAL OR INSTITUTION
JOHNS HOPKINS HOSPITAL | | c. CITY OR TOWN (If outside corporate limits, write FULL and give township)
BALTIMORE | |
| c. Length of stay in Baltimore life | | d. STREET ADDRESS (If rural, give location)
627 LINNARD ST. | |
| 5. SEX
FEMALE | 6. COLOR OR RACE
WHITE | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
MARRIED | 8. DATE OF BIRTH
7-12-22 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
housewife | | 10b. KIND OF BUSINESS OR INDUSTRY
Own Home | 9. AGE (In years last birthday)
28 |
| 11. BIRTHPLACE (State or foreign country)
md | | 12. CITIZEN OF WHAT COUNTRY? | |
| 13. FATHER'S NAME
John Schlickemaier | | 14. MOTHER'S MAIDEN NAME
Alice Swans | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT
Edgar P. Lillard, husband | | JOHNS HOPKINS HOSPITAL 627 Linnard | |
| 18. 277X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Cushing's Syndrome
DUE TO
(A) Cushing's Syndrome
DUE TO
(B) Cushing's Syndrome
DUE TO
(C) Cushing's Syndrome
INTERVAL BETWEEN ONSET AND DEATH | | 19. DATE OF OPERATION 3-28-51
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH | | 21b. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | |
| 21c. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) | | 21d. TIME (Month) (Day) (Year) (Hour) OF INJURY | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from 12-26-1950 , to 3-28-1951 , that I last saw the deceased alive on 3-28-1951 , and that death occurred at 3:20 A.M. , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE
William C. Brouder | | 23b. ADDRESS
JOHNS HOPKINS HOSPITAL | |
| 23c. DATE SIGNED
3/28/51 | | 24a. BURIAL, CREMATION, REMOVAL (Specify)
Burial | |
| 24b. DATE
3/31/51 | | 24c. NAME OF CEMETERY OR CREMATORY
Loudon Pk., 3801 Frederick Rd. Balto. 29, Md. | |
| 24d. LOCATION (City, town, or county) (State)
Balto. 29, Md. | | 25. FUNERAL DIRECTOR
Harry F. Lutzke | |
| DATE RECEIVED BY LOCAL REGISTRAR
MAR 31 1951 | | REGISTRAR'S SIGNATURE
William C. Brouder | |
| ADDRESS
4101 Edmondson | | ADDRESS
62 Ave. | |

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Y-51 520 2934

The correct age is especially important. Every item of information should be carefully supplied. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2934

| | |
|--|--|
| BIRTH NO. | |
| 1. NAME OF DECEASED (Type or Print) <i>Annie Young</i> | |
| 2. DATE OF DEATH <i>Mar. 29, 1951</i> | |
| 3. PLACE OF DEATH:
A. Baltimore City, Maryland | |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)
<i>1936 Pearlman Place</i> | |
| C. LENGTH OF STAY IN BALTIMORE
Yrs. Mos. Days | |
| 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE <i>Md.</i> B. COUNTY | |
| C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
<i>Balto 8-01</i> | |
| O. STREET ADDRESS (If rural, give location)
<i>1936 Pearlman Place</i> | |
| 5. SEX <i>Female</i> 6. COLOR OR RACE <i>White</i> 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i> | |
| 8. DATE OF BIRTH <i>11/13/1865</i> 9. AGE (in years last birthday) <i>85</i> If Under 1 Year Months: Days If Under 24 Hours Hours: Min. | |
| 10A. USUAL OCCUPATION (Give kind of work dominating most of working life, even if retired) <i>Housewife</i> 10B. KIND OF BUSINESS OR INDUSTRY <i>at Home</i> | |
| 11. BIRTHPLACE (State or foreign country) <i>Balto. Md.</i> 12. CITIZEN OF WHAT COUNTRY? | |
| 13. FATHER'S NAME <i>John E. Hooper</i> 14. MOTHER'S MAIDEN NAME <i>Vane B. Kench</i> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT <i>Elizabeth Fink 2406 Strathmore Ave.</i> ADDRESS | |
| 18. <i>4221</i> CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) <i>Arteriosclerotic Cardio-vascular Disease</i>
DUE TO
(B) _____
DUE TO
(C) _____
INTERVAL BETWEEN ONSET AND DEATH | |
| ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) _____
DUE TO
(C) _____ | |
| II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | |
| 19A. DATE OF OPERATION 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) | |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> 21F. HOW DID INJURY OCCUR? | |
| 22. I certify that I took charge of the remains described above, held an <i>Inspection</i> thereon and from <i>Autopsy, Inspection or Inquiry</i> the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> . | |
| 23A. SIGNATURE <i>Wm. H. Kammer, Jr.</i> M.D. 23B. CHIEF MEDICAL EXAMINER..... <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER..... <input type="checkbox"/> 23C. DATE SIGNED <i>Mar. 30, 1951</i> | |
| 24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> 24B. DATE <i>3/31/51</i> 24C. NAME OF CEMETERY OR CREMATORY <i>St. Peters</i> 24D. LOCATION (City, town, or county) (State) <i>Balto. Md.</i> | |
| DATE RECEIVED BY LOCAL REGISTRAR <i>MAR 31 1951</i> REGISTRAR'S SIGNATURE <i>Thurston Williams, Jr.</i> 25. FUNERAL DIRECTOR <i>Wm. H. Kammer, Jr.</i> ADDRESS <i>1024 E. 12th St. Balto. Md.</i> | |

1934

11

BANKRUPTCY COURT RECORDS

CERTIFICATE OF DEATH

1934

11

Name of deceased

Date of death

Place of death

Cause of death

Signature of physician

Signature of registrar

Signature of witness

Signature of witness

Signature of witness

Signature of witness

Signature of witness

Signature of witness

Signature of witness

Signature of witness

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2935
Registered No. 51 2935

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Fannie B. Chew

2. DATE
OF
DEATH

March 30, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
Maryland

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION

125 W. Mosher Street

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

125 W. Mosher Street

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

March 27, 1875

9. AGE (In years
last birthday)

76

If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

housewife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Carroll County, Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Elijah Taylor

14. MOTHER'S MAIDEN NAME

Susan Taylor

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Fannie M. Dryden, 458 Bourbon Street

18. 470.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

arterio Sclerotic heart disease

1

DUE TO

arterio Sclerosis

2

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

cerebral accident

DUE TO

hypertension

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from 3-29-1951, to 3-29-1951, that I last saw the deceased alive on 3/29-1951, and that death occurred at 2 A.M., from the causes and on the date stated above.

23A. SIGNATURE

I. A. Michelson

M. D.

23B. ADDRESS

2230 Eutaw Pl.

23C. DATE SIGNED

3/30/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

burial

24B. DATE

4/2/51

24C. NAME OF CEMETERY OR CREMATORY

Bethel Cemetery

24D. LOCATION (City, town, or county) (State)

Carroll County, Maryland

DATE RECEIVED BY
LOCAL REGISTRAR

MAR 31 1951

REGISTRAR'S SIGNATURE

W. H. Williams, M.D.

25. FUNERAL DIRECTOR

W. H. Carl, Inc.

ADDRESS

1217 St. Paul Street

C1

A

Handwritten notes in cursive script, mostly illegible due to fading.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

R-51 540 2936

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2936

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

BERNADINE C. REINLE

2. DATE
OF
DEATH

Mar. 29, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

2310 Allendale Rd.

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

2310 Allendale Rd.

5. SEX

female

6. COLOR OR RACE

white

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

widowed

8. DATE OF BIRTH

July 28, 1858

9. AGE (In years last birthday)

92

If Under 1 Year Months: Days

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Francois Smith

14. MOTHER'S MAIDEN NAME

Catherine Gottschalk

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Nan M. Vonderlehr - 2310 Allendale Rd

18. 470.0 I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Anterioderetic heart disease

INTERVAL BETWEEN ONSET AND DEATH

1 week

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

ONE TO

(B)

ONE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 12/13, 1945 to 3/29, 1951, that I last saw the deceased alive on 3/29, 1951, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Robert A. Reiter

M. D.

23B. ADDRESS

3408 Windsor Ave

23C. DATE SIGNED

3/30/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/2/51

24C. NAME OF CEMETERY OR CREMATORY

Holy Cross Cem.

24D. LOCATION (City, town, or county) (State)

A. A. County

DATE RECEIVED BY LOCAL REGISTRAR

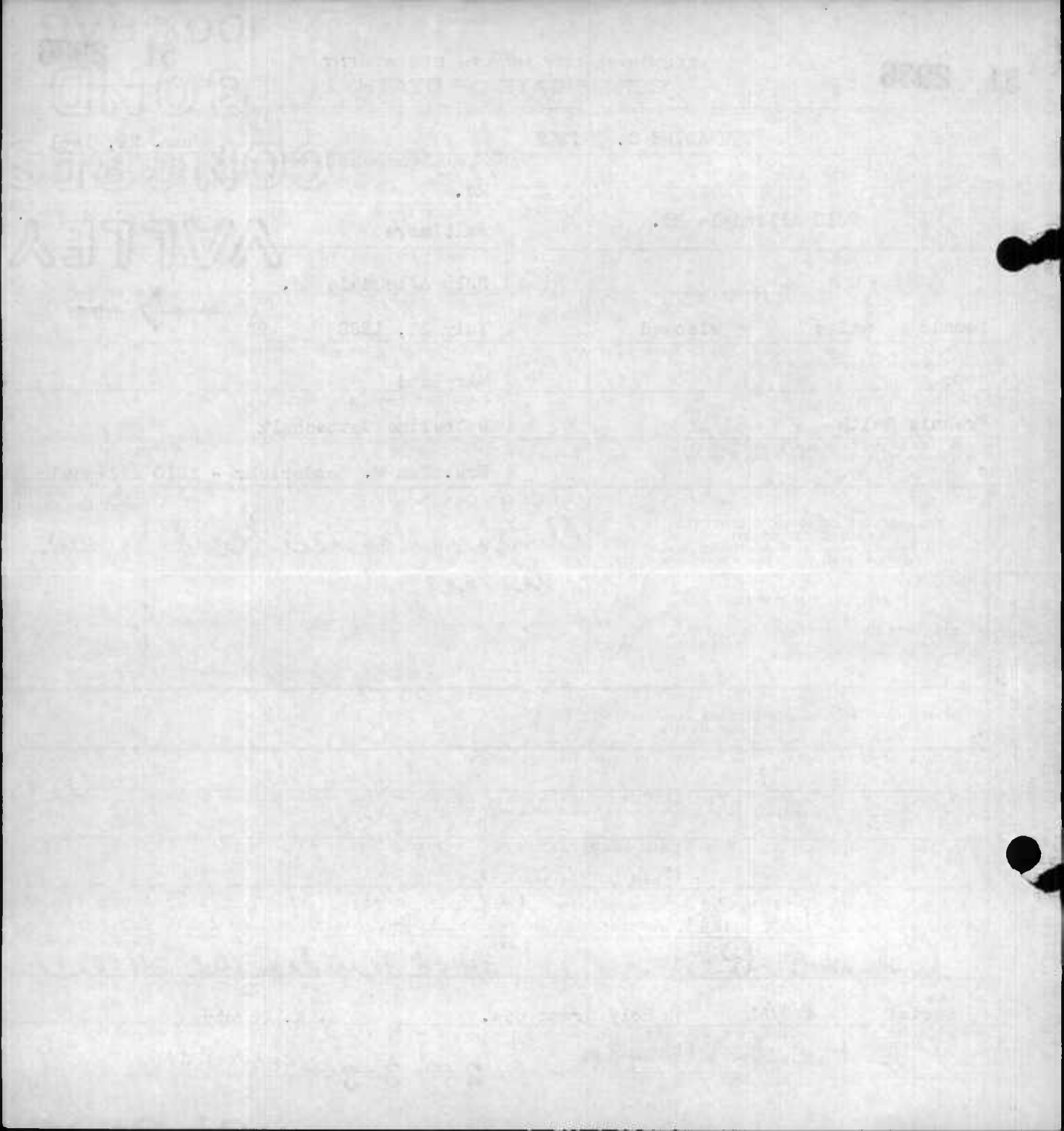
REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

MAR 31 1951

Wm. J. Lickner & Son - Balt



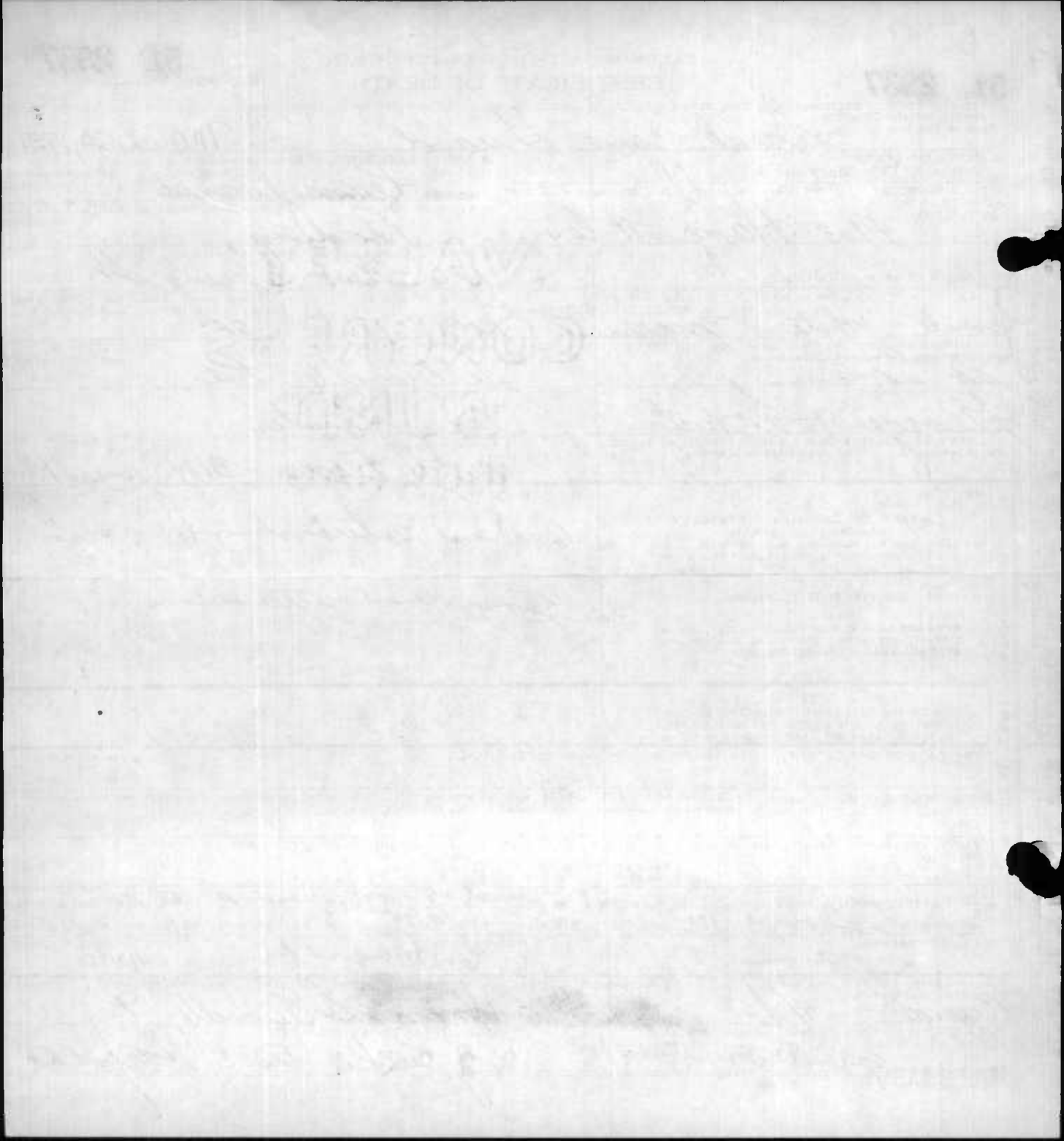
PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

G-630
51 2937

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2937

| | | | | | |
|--|----------------------------------|--|--|--|--|
| 1. NAME OF DECEASED
(Type or Print) <i>Sarah Jane Guard</i> | | | 2. DATE OF DEATH
<i>March 29, 1951</i> | | |
| 3. PLACE OF DEATH:
A. Baltimore City, Maryland | | | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE <i>Pennsylvania</i> COUNTY <i>V-25</i> | | |
| B. FULL NAME OF HOSPITAL OR INSTITUTION
<i>4703 Hampnett Ave.</i> | | | C. CITY OR TOWN
<i>Reading</i> | | |
| c. Length of stay in Baltimore
Yrs. Mos. Days | | | D. STREET ADDRESS (If rural, give location)
<i>126 West Spring St.</i> | | |
| 5. SEX
<i>Female</i> | 6. COLOR OR RACE
<i>White</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
<i>married</i> | 8. DATE OF BIRTH
<i>Nov. 18, 1866</i> | 9. AGE (In years, last birthday)
<i>84</i> | 10. Under 1 Year Months: Days |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
<i>at home</i> | | | 11. BIRTHPLACE (State or foreign country)
<i>Sellersville, Pa.</i> | | 12. CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME
<i>George Schatz</i> | | | 14. MOTHER'S MAIDEN NAME
<i>Mary Leister</i> | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) | | | 16. SOCIAL SECURITY NO. | | |
| 17. INFORMANT
<i>Mrs. N. Leiger - 3114 Jurean Pl.</i> | | | ADDRESS | | |
| 18. 334X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
<i>Cerebral arteriosclerosis</i>
DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
<i>Generalized arteriosclerosis</i>
DUE TO
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | | | | | INTERVAL BETWEEN ONSET AND DEATH
<i>4 mos</i>
<i>?</i> |
| 19A. DATE OF OPERATION | | | 19B. MAJOR FINDINGS OF OPERATION | | |
| 20. AUTOPSY?
YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH | | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) | |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21F. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from <i>March 22, 1951</i> to <i>March 29, 1951</i> , that I last saw the deceased alive on <i>March 29, 1951</i> , and that death occurred at <i>10.15 P. M.</i> , from the causes and on the date stated above. | | | | | |
| 23A. SIGNATURE
<i>[Signature]</i> | | 23B. ADDRESS
<i>6217 Harford Rd</i> | | 23C. DATE SIGNED
<i>3/31/51</i> | |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)
<i>Burial</i> | | 24B. DATE
<i>4/1/51</i> | | 24C. NAME OF CEMETERY OR CREMATORY
<i>Jerusalem Union</i> | |
| 24D. LOCATION (City, town, or county) (State)
<i>Sellersville Pa.</i> | | 24E. FUNERAL DIRECTOR
<i>H. J. Buck</i> | | 24F. ADDRESS
<i>5305 Harford Rd</i> | |
| DATE RECEIVED BY LOCAL REGISTRAR
<i>Mar 31 1951</i> | | | | | |



PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2938

Registered No.

51 2938 50-13813

| | | | |
|---|--------------------|--|--|
| 1. NAME OF DECEASED
(Type or Print) | | 2. DATE OF DEATH | |
| Betty Regina Howard | | MARCH 30, 1951 | |
| 3. PLACE OF DEATH:
A. Baltimore City, Maryland | | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE MARYLAND B. COUNTY Baltimore | |
| B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)
UNION MEMORIAL HOSPITAL | | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
TOWSON | |
| D. STREET ADDRESS (If rural, give location)
33 WILLOW AVE. 5300 | | | |
| c. Length of stay in Baltimore 8 Mos. Days | | | |
| 5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) S | 8. DATE OF BIRTH July 8, 1950 |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
child | | 10B. KIND OF BUSINESS OR INDUSTRY | 9. AGE (In years last birthday) 8 |
| 11. BIRTHPLACE (State or foreign country)
MARYLAND | | 12. CITIZEN OF WHAT COUNTRY?
U. S. A. | |
| 13. FATHER'S NAME
RALPH M HOWARD | | 14. MOTHER'S MAIDEN NAME
BETTY RANDALL | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT PARENTS | | ADDRESS 33 WILLOW AVE., TOWSON 4 | |
| 18. CAUSE OF DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
(A) Diseases of undetermined origin
DUE TO
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B)
DUE TO
(C)
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | | | INTERVAL BETWEEN ONSET AND DEATH
8 Days |
| 19A. DATE OF OPERATION | | 19B. MAJOR FINDINGS OF OPERATION | |
| 20. AUTOPSY?
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/> | | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | |
| 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) | | | |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | | 21E. INJURY OCCURRED
WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 21F. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from March 18, 1951, to March 30, 1951, that I last saw the deceased alive on March 30, 1951, and that death occurred at 3:00 P. M., from the causes and on the date stated above. | | | |
| 23A. SIGNATURE
Robert D. Cox | | 23B. ADDRESS
M. D. Union Memorial Hospital | |
| 23C. DATE SIGNED
Mar. 30, 1951 | | | |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial | | 24B. DATE
4/2/51 | |
| 24C. NAME OF CEMETERY OR CREMATORY
Poplar Grove | | 24D. LOCATION (City, town, or county) (State)
Md. | |
| DATE RECEIVED BY LOCAL REGISTRAR
MAR 31 1951 | | REGISTRAR'S SIGNATURE
D. J. Rack | |
| 25. FUNERAL DIRECTOR
5305 Harford Rd. | | ADDRESS | |

Handwritten text, possibly a title or header.

Handwritten text, possibly a date or reference.

Handwritten text, possibly a name or location.

Handwritten text, possibly a small note or signature.

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STATE OF NEW YORK

IN SENATE

JANUARY 1, 1901

REPORT

OF THE

COMMISSIONERS

OF THE LAND OFFICE

FOR THE YEAR

1900

ALBANY:

WATKINS

PRINTERS

1901

NEW YORK

STATE

OF NEW YORK

LAND OFFICE

REPORT

FOR THE YEAR

1900

ALBANY:

WATKINS

PRINTERS

1901

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3-260

51 2940

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2940

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

FLOSSY, BAKER

2. DATE
OF
DEATH

3-31-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR 313 Madison Ave., DOA
INSTITUTION Maryland Genl. Hosp.

C. Length of stay in Baltimore

12 years.

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Divorced

8. DATE OF BIRTH

4-5-1897

9. AGE (In years
last birthday)

52

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Proprietor

10B. KIND OF BUSINESS OR
INDUSTRY

Restaurant

11. BIRTHPLACE (State or foreign country)

Wolfsville, Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Charles M. Kline

14. MOTHER'S MAIDEN NAME

Rosa V. Schidtknecht

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Sterling Baker (son)

ADDRESS

18.

443X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Cerebral Vascular Accident

DOA

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Hypertensive Cardiovascular Disease

QUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-31 1951 to , 19 , that I last saw the
deceased alive on , 19 , and that death occurred at 7:45 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Warren A. Clohary Jr.

M. D.

23B. ADDRESS

Md. Genl. Hospital

23C. DATE SIGNED

3-31-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4-3-1951

24C. NAME OF CEMETERY OR CREMATORY

Loth. Cem.

24D. LOCATION (City, town, or county)

Wolfsville, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

APR 1 1951

REGISTRAR'S SIGNATURE

Wilmington Williams, Md.

25. FUNERAL DIRECTOR

Bladell & Co. Middletown Md.

ADDRESS

VS 150

29064

93D

This case has been cleared with the medical examiner
and was certified not to be a medical examiners case by
Doctor Fischer.

W. C. W. Jr.

PLEASE WRITE PRINTED, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2941

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2941

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Joseph L. Cheetham

2. DATE
OF
DEATH

Mar. 31, 51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

Del.

B. COUNTY

C. CITY OR TOWN

Greenville

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

1-12-81

9. AGE (in years
last birthday)

70

11 Under 1 Year
Months: Days11 Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

RETIRED

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Penn.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

James Cheetham -

14. MOTHER'S MAIDEN NAME

Philena Eyre -

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 016X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Tuberculosis, Renal
DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO
(C)II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec. 12, 1950 to Mar. 31, 1951, that I last saw the
deceased alive on Mar. 31, 1951, and that death occurred at 12 P. m., from the causes and on the date stated above.

23A. SIGNATURE

Basil T. Hartman

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

3/31/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

BURIAL

24B. DATE

3-31-51

24C. NAME OF CEMETERY OR CREMATORY

BIRMINGHAM City Westchester PA.

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

APR 1 1951

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

ADDRESS

John & Mitchell Esoro

1900 Eutaw Pl 20

Tuberculosis, Rival

Blair W. Foster

2/3/21

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

536 2942 BALTIMORE CITY HEALTH DEPARTMENT CERTIFICATE OF DEATH 51 2942 Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Portia FUNDERBURK

2. DATE
OF
DEATH

3/3/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

5. FULL NAME OF
HOSPITAL OR
INSTITUTION

University Hospital

C. CITY OR TOWN

Dundalk

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Route 3 Box 80

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

Col.

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

S

8. DATE OF BIRTH

12/25/50

9. AGE (In years
last birthday)

11 Under 1 Year
Months: Days

3

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

md.

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

R. V.

14. MOTHER'S MAIDEN NAME

Lucille Barber

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Lucille Funderburk

18. 772.0

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Severe dehydration

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) malnutrition

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK AT WORK ☐

22. I hereby certify that I attended the deceased from 3/1, 1951, to 3/3, 1951, that I last saw the
deceased alive on 3/3, 1951, and that death occurred at 4:30 A.M., from the causes and on the date stated above.

23A. SIGNATURE

J. E. Furman M.D.

23B. ADDRESS

Univ. Hosp.

23C. DATE SIGNED

3/5

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATOR (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Halliwell

25. FUNERAL DIRECTOR

ADDRESS

Commissioner of Health

APR 1 1951

VS 150

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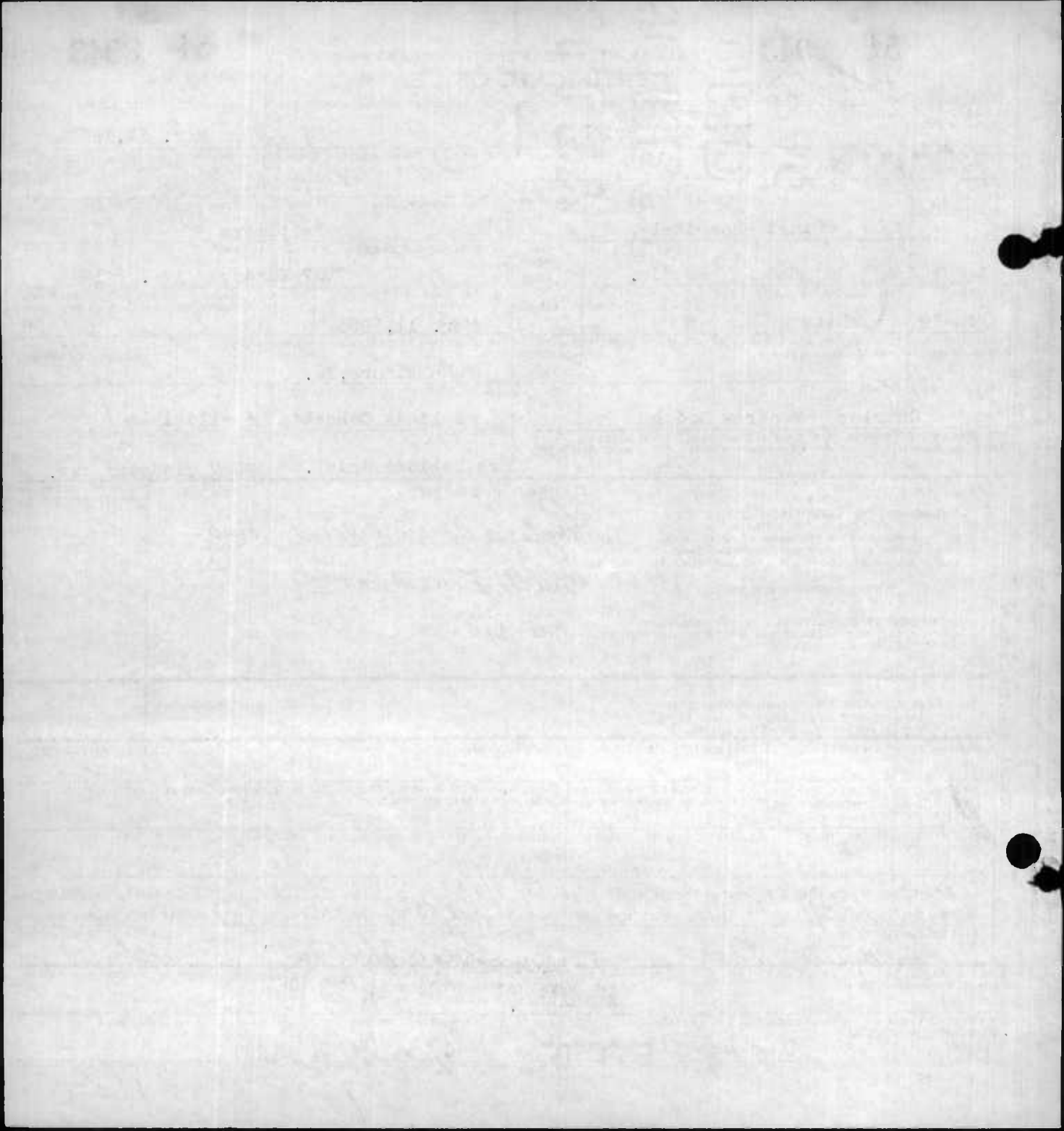
PLEASE WRITE IN INK ONLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2943

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2943
Registered No.

BIRTH NO. 51-05473

| | | | | | |
|---|---------------------------|--|--|---------------------------------------|----------------------------------|
| 1. NAME OF DECEASED
(Type or Print) Baby Girl Grieb | | | 2. DATE OF DEATH Mar. 11, 1951 | | |
| 3. PLACE OF DEATH:
A. Baltimore City, Maryland | | | 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE Maryland B. COUNTY Baltimore | | |
| B. FULL NAME OF HOSPITAL OR INSTITUTION
Sinai Hospital | | | C. CITY OR TOWN (If outside corporate limits, write RURAL, and give township)
Baltimore | | |
| c. Length of stay in Baltimore 25 min. | | | D. STREET ADDRESS (If rural, give location)
7837 Windover Ave. # 14 | | |
| 5. SEX
Female | 6. COLOR OR RACE
White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
S | 8. DATE OF BIRTH
Mar. 11, 1951 | 9. AGE (In years last birthday)
14 | 10. Under 1 Year
Months: Days |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | | 11. BIRTHPLACE (State or foreign country)
Baltimore, Md. | | |
| 10B. KIND OF BUSINESS OR INDUSTRY | | | 12. CITIZEN OF WHAT COUNTRY? | | |
| 13. FATHER'S NAME
Charles Woodrow Grieb | | | 14. MOTHER'S MAIDEN NAME
Zelinda Concetta Rosellini | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) | | | 16. SOCIAL SECURITY NO. | | |
| 17. INFORMANT
Mrs Zelinda Grieb. | | | ADDRESS
7837 Windover Ave. | | |
| 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
CAUSE OF DEATH
(A) Thrombosis of umbilical Cord -
DUE TO
Breach Extrusion
(B) Anoxia.
DUE TO
(C) | | | INTERVAL BETWEEN ONSET AND DEATH | | |
| 19A. DATE OF OPERATION 3/11/51 | | | 19B. MAJOR FINDINGS OF OPERATION | | |
| 20. AUTOPSY?
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | | | | | |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH | | | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | |
| 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) | | | 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | | |
| 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | 21F. HOW DID INJURY OCCUR? | | |
| 22. I hereby certify that I attended the deceased from 3/11/51, 19 to 3/11/51, 19, that I last saw the deceased alive on 3/11/51, 19, and that death occurred at 12:55 a.m., from the causes and on the date stated above. | | | | | |
| 23A. SIGNATURE
Ernest Auer | | | 23B. ADDRESS
Sinai Hospital | | |
| 23C. DATE SIGNED
3/13/51 | | | | | |
| 24A. BURIAL, CREMATION, REMOVAL (Specify) | | | 24B. DATE | | |
| 24C. NAME OF CEMETERY OR CREMATORY
JOHN HOPKINS MEDICAL SCHOOL | | | 24D. LOCATION (City, town, or county) (State)
MAR 13 1951 | | |
| DATE RECEIVED BY LOCAL REGISTRAR
APR 1 1951 | | | REGISTRAR'S SIGNATURE
Huntington Williams | | |
| 25. FUNERAL DIRECTOR
Commissioner of Health | | | ADDRESS | | |



PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2944

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2944

Registered No.

BIRTH NO. 51-04770

1. NAME OF DECEASED
(Type or Print)

Baby of Jennieue Green

2. DATE
OF
DEATH

3-2-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Provident Hospital

C. Length of stay in Baltimore

11 hrs

5. SEX

Male

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

Baltimore 16-02
914 N. Calhoun St

8. DATE OF BIRTH

3-2-51

9. AGE (in years
last birthday)If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.

11

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto, md

12. CITIZEN OF
WHAT COUNTRY?

U.S.

13. FATHER'S NAME

James Stokes

14. MOTHER'S MAIDEN NAME

Jennieue Green

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mother

ADDRESS

914 N. Calhoun St

18. 762.51

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) Congenital atelectasis

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Maternal premature labor

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., to or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

m.

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3/2, 1951, to 3/2, 1951, that I last saw the
deceased alive on 3/2, 1951, and that death occurred at 12:30 p. m., from the causes and on the date stated above.

23A. SIGNATURE

Richard L. Williams, Jr.

M. D.

23B. ADDRESS

Provident Hospital

23C. DATE SIGNED

3/2/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Richard L. Williams, Jr.

25. FUNERAL DIRECTOR

Commissioner of Health

ADDRESS

APR 1 1951

2 9 1951

161a

JOHN HOPKINS MEDICAL SCHOOL MAR 16 1951

12-2-21

Genl of Tennessee

Genl

President of Hospital

11th N. Col. Genl

12-2-21

Genl

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Genl

Genl

1003 25

1003 25

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51 2945

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2945

Registered No.

BIRTH NO. 51-05205

1. NAME OF DECEASED
(Type or Print)

Baby of mae Carr

2. DATE
OF
DEATH

3-5-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore 14-03

D. STREET ADDRESS (If rural, give location)

1829 Etting St

B. FULL NAME OF HOSPITAL OR INSTITUTION

Provident Hospital

c. Length of stay in Baltimore

3 1/2 mos

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

3-5-51

9. AGE (in years last birthday)

10 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

3 20

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Norman Ridgely

14. MOTHER'S MAIDEN NAME

mae Ridgely

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mother

ADDRESS

1829 Etting St.

18. 776 X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Prematurity (see 12g)

DUE TO

ANTECEDENT CAUSES

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 6 p. 3/5, 1951, to 3/6, 1951, that I last saw the deceased alive on 3/5, 1951, and that death occurred at 9 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

3/12/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL MAR 10 1951

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 1 1951

Huntington Williams, Jr.

Commissioner of Health

1900

1900

THE UNIVERSITY OF CHICAGO

Faculty of the Law

Mr.

President of the University

Chicago

Dear Sir

My

Very respectfully,
Yours truly,
Richard D. ...

1900

Enclosed

Very truly,
Richard D. ...

1900

Very truly,
Richard D. ...

Very truly,
Richard D. ...

Very truly,
Richard D. ...

Very truly,
Richard D. ...

Very truly,
Richard D. ...

51 2946

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2946

Registered No.

BIRTH NO. 57-06296

| | | | | | |
|--|------------------------------|---|---|--|---|
| 1. NAME OF DECEASED
(Type or Print) Mark Louis Blottenberger | | | 2. DATE OF DEATH
3-20-51 | | |
| 3. PLACE OF DEATH:
A. Baltimore City, Maryland Maryland Gen. Hosp. | | | 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE MD COUNTY 12-03 | | |
| B. FULL NAME OF HOSPITAL OR INSTITUTION
Maryland General Hospital | | | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Boetimore 1, Md. | | |
| C. Length of stay in Baltimore 3 1/2 ^{Ys.} _{Days} | | | D. STREET ADDRESS (If rural, give location)
2516 Barclay St. | | |
| 5. SEX
M | 6. COLOR OR RACE
W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Newborn | 8. DATE OF BIRTH
Mar 17, 1951 | | 9. AGE (in years last birthday) 3 days |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
n | | 10B. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) | | 12. CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME
Jos. Blottenberger | | | 14. MOTHER'S MAIDEN NAME
Betty Low Ellay | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | 17. INFORMANT | | ADDRESS |

| | |
|--|----------------------------------|
| 18. 763.5
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Aspiration Pneumonia
DUE TO
Antecedent Causes
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
Prematurity
DUE TO
(B) Prematurity
DUE TO
(C) | INTERVAL BETWEEN ONSET AND DEATH |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | |

| | | |
|---|---|---|
| 19A. DATE OF OPERATION 3-16-51 | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/> | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | 21E. INJURY OCCURRED
WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR? |
| 22. I hereby certify that I attended the deceased from 3-16-51 , 19 51 , to 3-20-51 , 19 51 , that I last saw the deceased alive on 3-20 , 19 51 , and that death occurred at 11:30 A.M. , from the causes and on the date stated above. | | |
| 23A. SIGNATURE
Dorcas Mae Phew | 23B. ADDRESS
Maryland Gen Hosp. | 23C. DATE SIGNED
3/20/51 |

| | | | |
|---|-----------|---|---|
| 24A. BURIAL, CREMATION, REMOVAL (Specify) | 24B. DATE | 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) (State) |
| DATE RECEIVED BY LOCAL REGISTRAR
APR 1 1951 | | REGISTRAR'S SIGNATURE
Huntington Williams | 25. FUNERAL DIRECTOR
Commissioner of Health |

UNIVERSITY MEDICAL SCHOOL MAR 22 1951

ADDRESS

VS 150

159

[Faint, illegible text covering the majority of the page, likely bleed-through from the reverse side.]

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2947

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2947

Registered No.

BIRTH NO. 51-04232

1. NAME OF DECEASED
(Type or Print)

Dorothy Ella Flora

2. DATE
OF
DEATH

2/23/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Lutheran Hospital

C. Length of stay in Baltimore

(Mother 30)

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Yrs.
Mos.
Days

8. DATE OF BIRTH

2/20/51

9. AGE (In years,
last birthday)

If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.

54

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Herman Joseph Flora

14. MOTHER'S MAIDEN NAME

Dorothy Elinor Klemm

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mother

ADDRESS

Same

18. 776X I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asphyxia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Premature Delivery
2 lbs 13 oz.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Feb 20, 1951, to Feb 23, 1951, that I last saw the deceased alive on Feb 22, 1951, and that death occurred at 3:00 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 1 1951

Commissioner of Health

Commissioner of Health

VS 150

159

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

| | | | | | |
|--|-----------------------------|--|--|--|---|
| N-4125 51 2948 | | BALTIMORE CITY HEALTH DEPARTMENT | | 51 2948 | |
| BIRTH NO. 51-02564 | | CERTIFICATE OF DEATH | | Registered No. | |
| 1. NAME OF DECEASED
(Type or Print) Ronnie Wilson | | | 2. DATE OF DEATH March 20, 1951 | | |
| 3. PLACE OF DEATH:
A. Baltimore City, Maryland | | | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland | | |
| B. FULL NAME OF (not in hospital or institution, give street address or location)
Johns Hopkins Hospital | | | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 7-04 | | |
| c. Length of stay in Baltimore
Yrs. Mos. Days | | | D. STREET ADDRESS (If rural, give location)
1816 Ashland Ave. | | |
| 5. SEX
Male | 6. COLOR OR RACE
Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH | 9. AGE (In years last birthday)
1 1/2 | 10. Under 1 Year Months Days |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
N | | 10B. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country)
N | | 12. CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME K
N | | | 14. MOTHER'S MAIDEN NAME
N | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
W | | 16. SOCIAL SECURITY NO. | 17. INFORMANT O
W ADDRESS | | |
| 18. 763.0 N
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
I
Antecedent Causes
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | | | CAUSE OF DEATH N
(A) Broncho-pneumonia
DUE TO
(B)
DUE TO
(C) | | |
| 19A. DATE OF OPERATION | | | 19B. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY?
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21A. EXTERNAL CAUSE WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH. | | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) | |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | | 21E. INJURY OCCURRED
WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21F. HOW DID INJURY OCCUR? | |
| 22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes <input checked="" type="checkbox"/> , accident <input type="checkbox"/> , suicide <input type="checkbox"/> , homicide <input type="checkbox"/> , undetermined <input type="checkbox"/> . | | | | | |
| 23A. SIGNATURE
Stanley B. Doolachen | | 23B. CHIEF MEDICAL EXAMINER <input type="checkbox"/> ASSISTANT MEDICAL EXAMINER <input checked="" type="checkbox"/> M.D. MEDICAL INVESTIGATOR <input type="checkbox"/> | | 23C. DATE SIGNED
March 20, 1951 | |
| 24A. BURIAL, CREMATION, REMOVAL (Specify) | | 24B. DATE | | 24C. NAME OF CEMETERY OR CREMATORY
JOHN HOPKINS MEDICAL SCHOOL | |
| DATE RECEIVED BY LOCAL REGISTRAR
APR 1 1951 | | REGISTRAR'S SIGNATURE
Huntington Hollingsworth | | 25. FUNERAL DIRECTOR
Commissioner of Health | |

CERTIFICATE OF DEATH

| | | | |
|------------------------|--|------------------------|--|
| Name of Deceased | | Date of Birth | |
| Sex | | Race | |
| Place of Birth | | Date of Death | |
| Cause of Death | | Place of Death | |
| Signature of Physician | | Signature of Registrar | |
| Date of Certificate | | Place of Issuance | |

CHIEF OF BUREAU OF VITAL STATISTICS

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

CERTIFICATE CORRECTED 4-25-51

51 2949

BALTIMORE CITY HEALTH DEPARTMENT

51 2949

CERTIFICATE OF DEATH

Registered No.

| | | | | | |
|--|----------------------------------|--|--|--|-------------------------------|
| BIRTH NO. | | 1. NAME OF DECEASED
(Type or Print)
FANNIE MEDINSKY (Also known as FRUMA MEDINSKY) | | 2. DATE OF DEATH
3/30/1951 | |
| 3. PLACE OF DEATH:
A. Baltimore City, Maryland | | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY | | | |
| B. FULL NAME OF HOSPITAL OR INSTITUTION
3605 Fairview Avenue | | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 15-38 | | | |
| c. Length of stay in Baltimore 29 Yrs
Yrs. Mos. Days | | D. STREET ADDRESS (If rural, give location)
3605 Fairview Avenue | | | |
| 5. SEX
Female | 6. COLOR OR RACE
White | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widowed | 8. DATE OF BIRTH
Aug. 15, 1889 | 9. AGE (in years last birthday)
61 56 | 10. Under 1 Year Months: Days |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
House Wife | | 10B. KIND OF BUSINESS OR INDUSTRY
Own Home | | 11. BIRTHPLACE (State or foreign country)
Russia | |
| 13. FATHER'S NAME
Michael Beshevsky | | 12. CITIZEN OF WHAT COUNTRY? | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT
David Medinsky ADDRESS
3605 Fairview Ave | |

| | |
|--|--|
| 18. 163X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Carcinoma of the lung
DUE TO
INTERVAL BETWEEN ONSET AND DEATH
6 mo. | |
| ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
DUE TO
(B)
(C) | |
| II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | |

| | | | | | |
|--|--|---|--|--|--|
| 19A. DATE OF OPERATION 0 | | 19B. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY?
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/> | | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) | |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | | 21E. INJURY OCCURRED
WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21F. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from December 15, 1950 , to March 31, 1951 , that I last saw the deceased alive on 3/30, 1951 , and that death occurred at 1:30 P.M. , from the causes and on the date stated above. | | | | | |
| 23A. SIGNATURE
Bernard Burgin | | 23B. ADDRESS
6721 Reisterstown Rd. | | 23C. DATE SIGNED
3/31/51 | |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial | | 24B. DATE
4/1/1951 | | 24C. NAME OF CEMETERY OR CREMATORY
Shaarei Tfiloh-Windsor Mill Rd. Baltimore, Maryland | |
| DATE RECEIVED BY LOCAL REGISTRAR
APR 1 1951 | | REGISTRAR'S SIGNATURE
Huntington Williams, M.D. | | 25. FUNERAL DIRECTOR
Sol Levinson & Bros. 1124 W. North Ave. | |

VS 150

2946

47D

QMS 12

QMS 12



PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2950

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2950

Registered No. _____

BIRTH NO. 51-05448

1. NAME OF DECEASED
(Type or Print)

Baby Boy Croghan

2. DATE
OF
DEATH

3/6/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Lutheran Hosp of Md

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

2245 Bruce St

C. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

3/6/51

9. AGE (In years last birthday)

If Under 1 Year Months: Days: If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Balto Md

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Samuel Monroe Croghan

14. MOTHER'S MAIDEN NAME

Doris Marie Pickin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

16. SOCIAL SECURITY NO.

17. INFORMANT

Mother

ADDRESS

Same

18. 761.5 I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from March 6, 1951, to March 6, 1951, that I last saw the deceased alive on March 6, 1951, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Norma Lewis

M. D.

23B. ADDRESS

Full Hosp of Md

23C. DATE SIGNED

3/23/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

JOHN HOPKINS MEDICAL SCHOOL

MAR 29 1951

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 1 1951

Thurston Williams, M.D.

Commissioner of Health

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-522

51 2951

MONCIEUS

BALTIMORE CITY HEALTH DEPARTMENT

51 2951

CERTIFICATE OF DEATH

Registered No.

BIRTH NO. 51-07065

| | | | |
|--|---------------------------|---|------------------------------|
| 1. NAME OF DECEASED
(Type or Print) <i>Baby Boy Moncius</i> | | 2. DATE OF DEATH <i>3-23-51</i> | |
| 3. PLACE OF DEATH:
A. Baltimore City, Maryland | | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE <i>3110 Northern Parkway</i>
B. COUNTY | |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)
<i>Lutheran Hosp</i> | | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
<i>Balto- Md 27-15</i> | |
| c. Length of stay in Baltimore
Yrs. <i>1</i>
Mos. <i>0</i>
Days <i>3</i> | | D. STREET ADDRESS (If rural, give location)
<i>3110 Northern Parkway</i> | |
| 5. SEX <i>M</i> | 6. COLOR OR RACE <i>W</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH <i>3-22</i> |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
<i>Child New born</i> | | 10B. KIND OF BUSINESS OR INDUSTRY | |
| 13. FATHER'S NAME
<i>John Edward Moncius</i> | | 14. MOTHER'S MAIDEN NAME
<i>Clara Jeanne Wray</i> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT
<i>Same</i> | | ADDRESS
<i>3110 Northern Parkway</i> | |

| | | |
|---|----------------|----------------------------------|
| 18. <i>761.5</i>
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
<i>Similar to live</i>
DUE TO (A) | CAUSE OF DEATH | INTERVAL BETWEEN ONSET AND DEATH |
| ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
<i>atelectasis Pulmonary</i>
DUE TO (B) | | |
| II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
<i>Pneumonia Infant</i>
DUE TO (C) | | |

| | | |
|---|---|--|
| 19A. DATE OF OPERATION <i>21</i> | 19B. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?
YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | 21E. INJURY OCCURRED
WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR? |
| 22. I hereby certify that I attended the deceased from <i>3-23</i> , 19 <i>51</i> , to <i>3-23</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>3-23</i> , 19 <i>51</i> , and that death occurred at <i>2:40</i> p.m., from the causes and on the date stated above. | | |
| 23A. SIGNATURE
<i>William B. Post</i> | 23B. ADDRESS
<i>Lutheran Hospital</i>
M. D. | 23C. DATE SIGNED
<i>3-23-51</i> |

| | | | |
|---|-----------|---|--|
| 24A. BURIAL, CREMATION, REMOVAL (Specify) | 24B. DATE | 24C. NAME OF CEMETERY OR CREMATORY | 24D. LOCATION (City, town, or county) (State) |
| DATE RECEIVED BY LOCAL REGISTRAR
<i>APR 1 1951</i> | | REGISTRAR'S SIGNATURE
<i>William B. Post</i> | 25. FUNERAL DIRECTOR
<i>Commissioner of Health</i>
ADDRESS |

JOHN HOPKINS MEDICAL SCHOOL MAR 29 1951

1903 10

1903 10

STATE OF NEW YORK
DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

Blank form with horizontal lines for text entry.

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

| 51 2952 | | BALTIMORE CITY HEALTH DEPARTMENT | | 51 2952 | |
|---|------------------------------------|---|---|---|---|
| BIRTH NO. 45312 1/2 | | CERTIFICATE OF DEATH | | Registered No. | |
| 1. NAME OF DECEASED
(Type or Print) <i>De Arman, Baby Girl</i> | | | 2. DATE OF DEATH
<i>3-21-51</i> | | |
| 3. PLACE OF DEATH:
A. Baltimore City, Maryland <i>Baltimore, Md.</i> | | | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE <i>Md.</i>
B. COUNTY | | |
| B. FULL NAME OF HOSPITAL OR INSTITUTION
<i>University Hospital</i> | | | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
<i>Baltimore 15-03</i> | | |
| c. Length of stay in Baltimore
<i>4</i> Yrs. Mon. Days | | | D. STREET ADDRESS (If rural, give location)
<i>1637 Ruxton Ave.</i> | | |
| 5. SEX
<i>Female</i> | 6. COLOR OR RACE
<i>Colored</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH
<i>3-17-51</i> | 9. AGE (In years last birthday) | H Under 1 Year Months: Days: <i>4</i>
H Under 24 Hours Hours: Min. |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10B. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country)
<i>Maryland</i> | | 12. CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME
<i>James De Arman</i> | | | 14. MOTHER'S MAIDEN NAME
<i>Mary De Arman</i> | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | 17. INFORMANT ADDRESS
<i>1637 Ruxton Ave.</i> | | |
| 18. <i>776 X</i> I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
<i>prematurity - ? -</i>
DUE TO (A) ...
ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
(B) ...
(C) ... | | | INTERVAL BETWEEN ONSET AND DEATH | | |
| 19A. DATE OF OPERATION <i>✓</i> | | 19B. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY?
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> | |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) | | |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | | 21E. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR? | | |
| 22. I hereby certify that I attended the deceased from <i>3-17-</i> , 19 <i>51</i> , to <i>3-21</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>3-20</i> , 19 <i>51</i> , and that death occurred at <i>1:38 A.M.</i> , from the causes and on the date stated above. | | | | | |
| 23A. SIGNATURE
<i>Dr. Gleda</i> | | 23B. ADDRESS
<i>H. Hospital</i> | | 23C. DATE SIGNED
<i>3-21-51</i> | |
| 24A. BURIAL, CREMATION, REMOVAL (Specify) | | 24B. DATE | 24C. NAME OF CEMETERY OR CREMATORY
<i>JOHN HOPKINS MEDICAL SCHOOL</i> | | 24D. LOCATION (City, town, or county) (State)
<i>MAR 27 1951</i> |
| DATE RECEIVED BY LOCAL REGISTRAR
<i>APR 1 1951</i> | | REGISTRAR'S SIGNATURE
<i>W. H. Williams, M.D.</i> | | 25. FUNERAL DIRECTOR
<i>Commissioner of Health</i> | |
| VS 150 | | | | 159 | |

UNITED STATES DEPARTMENT OF THE INTERIOR
BUREAU OF LAND MANAGEMENT

TO: [illegible]
FROM: [illegible]
SUBJECT: [illegible]
DATE: [illegible]
[The remainder of the page contains several paragraphs of extremely faint, illegible text, likely a memorandum or report.]

51 2953

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2953

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BERNADINA. FRANZ

2. DATE
OF DEATH

MARCH 29-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland 1041 RIVERSIDE AVE

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

BALTIMORE MD

D. STREET ADDRESS (If rural, give location)

1041 RIVERSIDE AVE

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

FEM.

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

WIDOW

8. DATE OF BIRTH

OCT 12-1870

9. AGE (In years last birthday)

80

10. Under 1 Year Months: Days

11. Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSE WORK

10B. KIND OF BUSINESS OR INDUSTRY

AT HOME

11. BIRTHPLACE (State or foreign country)

GERMANY.

12. CITIZEN OF WHAT COUNTRY?

US

13. FATHER'S NAME

GERARD SCHERDER

14. MOTHER'S MAIDEN NAME

NOT KNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

MRS CARROLL LOBUE 1041 RIVERSIDE AVE

18. 443X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

DUE TO

Myocardial Insufficiency

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

Arteriosclerosis. Hypertension

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☒NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from March 1, 1951, to March 29, 1951, that I last saw the deceased alive on March 28, 1951, and that death occurred at 3:15 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

APRIL-2-51

HOLY CROSS CEM

A. A. Co

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 1 1951

Funerary Home, Williams, Mrs. Bernard G. Harbo 121 E West St

VS 150

2050

937

MEDICAL CERTIFICATION

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

BURIAL

APRIL-2-51

HOLY CROSS CEM

A. A. Co

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 1 1951

Funerary Home, Williams, Mrs. Bernard G. Harbo 121 E West St

VS 150

2050

937

PLEASE WRITE FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2954

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2954

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

KENA JACOBS

2. DATE
OF
DEATH

4-1-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

4629 Park Heights Ave Baltimore 27-16

c. Length of stay in Baltimore

45 Yrs.
Mon. Days

D. STREET ADDRESS (If rural, give location)

4629 Park Heights Ave

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)
Married

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months DaysIf Under 24 Hours
Hours Min.

72

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House wife

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Russia

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Israel

14. MOTHER'S MAIDEN NAME

Tobee

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Max Jacobs - Paul

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Acute Pulmonary Edema

1 hour

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Chronic Myocarditis

4 years

(C)

Coronary insufficiency

4 years

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Generalized Arteriosclerosis

10 years

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT

NOT WHILE

WORK ☐AT WORK ☐22. I hereby certify that I attended the deceased from Aug. 25, 1946, to April 1, 1951, that I last saw the
deceased alive on April 1, 1951, and that death occurred at 1 P. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

4-2-51

United Hebrew

Baltimore

Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 1 1951

Huntington Williams

Jack Reubens

2100 Eastview Pl

Do Helen
Temple Garden
La 3250 1204

51 2955

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2955

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SARAH PUSHKIN

2. DATE
OF
DEATH

4-1-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE

B. COUNTY

Md

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

3429 Park Heights Ave Baltimore 15-12

c. Length of stay in Baltimore

39

Yrs.
Mos.
Days

D. STREET ADDRESS (If rural, give location)

3429 Park Heights Ave

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months Days
If Under 24 Hours
Hours Min.

Female White

Single

46

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

Clerk

Sudan Soc

Russia

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

Samuel

Leah

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Leah Pushkin - Same

18. 416X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Coronary Insufficiency

2 years

ANTECEDENT CAUSES

DUE TO

Rheumatic Heart Disease

5 years

(B)

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID (If in Baltimore City, give exact location)
INJURY OCCUR?21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK22. I hereby certify that I attended the deceased from 1948, to 4-1, 1951, that I last saw the
deceased alive on 4-1, 1951, and that death occurred at 11 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Thosau Cooper

M. D.

2201 Eutaw Place

4/1/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

4-1-51

Hebrew Young men

Baltimore Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 1

Washington Williams

Dick Rees 25 2100 Eutaw Pl

Cooper
2107 Park Ave
Ma 3560
Ma 1007X

PLEASE WRITE IN FULLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

40-431

51 2956

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2956

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

BENJAMIN GOLDBERG

2. DATE
OF
DEATH

3-30-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

3537 Virginia Ave

C. Length of stay in Baltimore

50 Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired

10B. KIND OF BUSINESS OR
INDUSTRY

Tavern

13. FATHER'S NAME

Not known

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT ADDRESS
Hymaw Abramson - 6111 East Ave

18. 420.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary occlusion

INTERVAL BETWEEN
ONSET AND DEATH

few minutes

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Arteriosclerotic heart disease

years

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from home, 1947 to March, 1951, that I last saw the deceased alive on March 30, 1951, and that death occurred at 10:17 m., from the causes and on the date stated above.

23A. SIGNATURE

Louis R. Mosen

23B. ADDRESS

4335 Oak Heights Ave

23C. DATE SIGNED

3/30/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Normal

24B. DATE

4-1-51

24C. NAME OF CEMETERY OR CREMATORY

Hebrew Friendship

24D. LOCATION (City, town, or county)

Balto Md

DATE RECEIVED BY
LOCAL REGISTRAR

APR 1 1951

REGISTRAR'S SIGNATURE

Wilmington Williams

25. FUNERAL DIRECTOR

Jack Levine

ADDRESS

2100 East Ave PG

Maser
4335 Park Ave
70 6759

51 2957

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH51 2957
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Abraham Zimmerman

2. DATE
OF
DEATH

March 30, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Luthman Hospital of Maryland

c. Length of stay in Baltimore

Life

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

M

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

credit manager

10B. KIND OF BUSINESS OR INDUSTRY

L. Greif

13. FATHER'S NAME

Morris

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

8. DATE OF BIRTH

9. AGE (In years, last birthday)

62

11 Under 1 Year Months: Days

11 Under 24 Hours Hours: Min.

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Rose

17. INFORMANT

ADDRESS

Rebecca Zimmerman - Same

18. 581.0

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Cirrhosis (hepatocellular)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Virus hepatitis

DUE TO

(C)

INTERVAL BETWEEN ONSET AND DEATH

6 wks

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT

NOT WHILE

m.

WORK ☐AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 1 - 1951, to March 30, 1951, that I last saw the deceased alive on March 30, 1951, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

M. T. Edwards

23B. ADDRESS

Luthman Hosp. of Md.

23C. DATE SIGNED

3-30-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4-1-51

24C. NAME OF CEMETERY OR CREMATORY

Beth T. Felson

24D. LOCATION (City, town, or county)

Baltimore Md

DATE RECEIVED BY LOCAL REGISTRAR

APR 1 1951

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

J. E. Edwards, Inc. 2100 Eastward Pl

VS 150

20446

124B

MEDICAL CERTIFICATION

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

620

51 2958

LORECH

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2958

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mr. Herman Lorich

2. DATE OF DEATH

3-30-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Levendale

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

A. STATE

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

D. STREET ADDRESS (If rural, give location)

c. Length of stay in Baltimore

11 Yrs. Mos. Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

9. AGE (in years last birthday)

10. Under 1 Year

11. Under 24 Hours

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

None

10B. KIND OF BUSINESS OR INDUSTRY

Never worked

11. BIRTHPLACE (State or foreign country)

Germany

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Jacob

14. MOTHER'S MAIDEN NAME

Eva

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Albert Lorich - 5712 Jonquill Ave

18.

332X1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Cerebral Thrombosis

DUE TO

INTERVAL BETWEEN ONSET AND DEATH

6 weeks

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Arteriosclerosis

DUE TO

years

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 16, 1948, to March 30, 1951, that I last saw the deceased alive on 3-30, 1951, and that death occurred at 4:03 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Dr. Jerome J. Blumberg, M.D.

23B. ADDRESS

Levendale Home

23C. DATE SIGNED

3-30-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4-1-51

24C. NAME OF CEMETERY OR CREMATORY

Baltimore Hebrew

24D. LOCATION (City, town, or county)

Balto, Md

DATE RECEIVED BY LOCAL REGISTRAR

APR 1 1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

Jack Lewis, 8100 Eutaw Ave

ADDRESS

21

21

21

RECEIVED
OFFICE OF THE
SECRETARY OF THE
NAVY
WASHINGTON, D. C.

Mr. [Name] [Address] [City] [State] [Zip]

[Faint text]

[Faint text]

[Faint text]

[Faint text]

[Faint text]

[Faint text]

[Faint text]

[Faint text]

[Faint text]

[Faint text]

[Faint text]

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

BIRTH NO.

51 2959

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2959

Registered No.

1. NAME OF DECEASED
(Type or Print)

ELIZABETH O'CONNOR

2. DATE
OF
DEATH

MARCH 30, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 15 S. MOUNT STREET

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

HOUSE OF THE GOOD SHEPHERD

4. USUAL RESIDENCE (Where deceased lived, if institution; residence

A. STATE

B. COUNTY

before admission)

MARYLAND

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

BALTIMORE

D. STREET ADDRESS (If rural, give location)

15 SOUTH MOUNT STREET

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

SINGLE

8. DATE OF BIRTH

SEPT. 12, 1864

9. AGE (in years,
last birthday)

86

If Under 1 Year
Months: Days

6 18

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

SEWING

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

MARYLAND

12. CITIZEN OF
WHAT COUNTRY?

AMERICA

13. FATHER'S NAME

MATTHEW O'CONNOR

14. MOTHER'S MAIDEN NAME

MARGARET FOLEY

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18.

59YX I

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Meningeal Coma

2 day

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Chronic Interstitial Nephritis

DUE TO

Chronic Endocarditis

(C)

General Arterio Sclerosis

5 yrs

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

22. I hereby certify that I attended the deceased from Jan 1946, to Mar 30, 1951, that I last saw the
deceased alive on Mar 29, 1951, and that death occurred at 8:15 P. m., from the causes and on the date stated above.

23A. SIGNATURE

G. A. Strauss

M. D.

23B. ADDRESS

1800 N. Charles St

23C. DATE SIGNED

3/31/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 1 1951

Wm. J. Williams, M.D.

J. J. Schaefer, 1318 E. 1st St

VS 150

131a

6243 18

6243 18

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2960

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2960

Registered No.

| | | | | | |
|--|---------------------------|--|--------------------------------------|--|---|
| BIRTH NO. | | 1. NAME OF DECEASED
(Type or Print) Margaret Mulholland | | 2. DATE OF DEATH 3-30-51 | |
| 3. PLACE OF DEATH:
A. Baltimore City, Maryland 1000 Caton Avenue | | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Ind B. COUNTY | | | |
| B. FULL NAME OF HOSPITAL OR INSTITUTION
Jenkin's Memorial Hospital | | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balto 12-05 | | | |
| C. Length of stay in Baltimore 8 Yrs. Mos. Days | | D. STREET ADDRESS (If rural, give location)
1800 N. Charles St | | | |
| 5. SEX F | 6. COLOR OR RACE W | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W | 8. DATE OF BIRTH
1-28-1870 | | 9. AGE (In years last birthday) 81 |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
At Home | | 10B. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country)
Stark Co. Ohio | |
| 13. FATHER'S NAME
George W. Edgington | | 12. CITIZEN OF WHAT COUNTRY? | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT ADDRESS
Margaret Mulholland 1800 N. Charles St | |
| 18. 157X I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
CAUSE OF DEATH
(A) CARCINOMA HEAD OF PANCREAS
DUE TO
(B) ARTERIOSCLEROTIC CARDIO-VASCULAR DISEASE
DUE TO
(C)
INTERVAL BETWEEN ONSET AND DEATH | | | | | |
| 19. DATE OF OPERATION 0 19B. MAJOR FINDINGS OF OPERATION 20. AUTOPSY?
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | | | | |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) | |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21F. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from 7/1 , 19 50 to 3/30 , 19 51 , that I last saw the deceased alive on 3/29 , 19 51 , and that death occurred at 9:10 a. m., from the causes and on the date stated above. | | | | | |
| 23A. SIGNATURE
John H. Shaw M. D. | | 23B. ADDRESS
St. Agnes Hosp | | 23C. DATE SIGNED
3/30/51 | |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial | | 24B. DATE
4/2/51 | | 24C. NAME OF CEMETERY OR CREMATORY
Cathedral Cemetery | |
| 24D. LOCATION (City, town, or county) (State)
Baltimore, Maryland. | | 25. FUNERAL DIRECTOR ADDRESS
H. H. Meares 2nd Son 3057 Calvert St | | | |

1000

10

THE UNITED STATES OF AMERICA
DEPARTMENT OF THE ARMY
HEADQUARTERS, WASHINGTON, D.C.

1000

10



PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2961

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2961

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William Henry Siggs

2. DATE
OF
DEATH

March 29, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission)

A. STATE *Maryland* B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

1510 Argyle Ave.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 14-02

D. STREET ADDRESS (If rural, give location)

1510 Argyle Ave.

C. Length of stay in Baltimore

1 year & 5 mos.

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Jan. 13, 1883

9. AGE (In years last birthday)

68

If Under 1 Year Months: Days Hours: Min.

If Under 24 Hours Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10B. KIND OF BUSINESS OR INDUSTRY

Agriculture

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Unknown

14. MOTHER'S MAIDEN NAME

Charlotte ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS *831*

18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

CAUSE OF DEATH

(A) *Myocardial degeneration*
DUE TO

INTERVAL BETWEEN ONSET AND DEATH

3 mos.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) *Generalized arteriosclerosis*
DUE TO

1 yr.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT ☐ WORK NOT WHILE ☐ AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *April 10*, 1950, to *Mar. 27*, 1951, that I last saw the deceased alive on *Mar. 29*, 1951, and that death occurred at *6:10 P.M.*, from the causes and on the date stated above.

23A. SIGNATURE

H. H. Smith, M.D.

23B. ADDRESS

1413 Remondale

23C. DATE SIGNED

4/1/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/1/1951

24C. NAME OF CEMETERY OR CREMATORY

Piney Grove

24D. LOCATION (City, town, or county) (State)

Baltimore Co. Md.

DATE RECEIVED BY LOCAL REGISTRAR

APR 1 1951

REGISTRAR'S SIGNATURE

Huntington Williams, Jr.

25. FUNERAL DIRECTOR

Stallard Funeral Home

ADDRESS

1601 Druid Hill Ave.

1903 - 12

1903 - 12

RECEIVED

VALLEY
CONGREGES

BOND

100 & 100

100 & 100

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2962

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2962

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

Cecelia J. Wisner

2. DATE
OF
DEATH

Mar. 31-1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

3114 Luckert Ave

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

married

8. DATE OF BIRTH

May 8-1871

9. AGE (In years
last birthday)

79

10. Under 1 Year
Months Days

11. Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

at home

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Carroll Co Md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Jeremiah Myers

14. MOTHER'S MAIDEN NAME

Alberta Bankert

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

M. Christopher C. Wisner same

ADDRESS

18. *4701*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

10 days

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK AT WORK

22. I hereby certify that I attended the deceased from *3/21*, 19*51*, to *3/31/51*, that I last saw the
deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23A. SIGNATURE

R. W. Kelley

23B. ADDRESS

5103 Harford Rd

23C. DATE SIGNED

3/31/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

4/3/51

24C. NAME OF CEMETERY OR CREMATORY

Meadow Brook Westminster Md

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

APR 1 1951

REGISTRAR'S SIGNATURE

Wilmington Williams

25. FUNERAL DIRECTOR

J. Luck 5205 Harford Rd

ADDRESS

1000

1000

1000

1000

General Thompson

1000

1000

1000

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

W-300

51 2963

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2963

Registered No. _____

| | | | | | |
|--|-------------------------------|--|---|---|---|
| BIRTH NO. _____ | | | 2. DATE OF DEATH <i>Mar. 30, 1951</i> | | |
| 1. NAME OF DECEASED (Type or Print) <i>John R. Wade</i> | | | | | |
| 3. PLACE OF DEATH:
A. Baltimore City, Maryland | | | 4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)
A. STATE <i>Maryland</i> B. COUNTY _____ | | |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION <i>1800 E. Belvedere</i> | | | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <i>Baltimore 27-38</i> | | |
| c. Length of stay in Baltimore
Yrs. _____
Mos. _____
Days _____ | | | D. STREET ADDRESS (If rural, give location) <i>1800 E. Belvedere Ave.</i> | | |
| 5. SEX <i>male</i> | 6. COLOR OR RACE <i>white</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i> | 8. DATE OF BIRTH <i>Mar 37, 1883</i> | 9. AGE (In years last birthday) <i>68</i> | If Under 1 Year Months: Days _____
If Under 24 Hours Hours: Min. _____ |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Interior Decorator</i> | | | 11. BIRTHPLACE (State or foreign country) <i>Charles Co. Md.</i> | | 12. CITIZEN OF WHAT COUNTRY? _____ |
| 13. FATHER'S NAME <i>John R. Wade</i> | | | 14. MOTHER'S MAIDEN NAME <i>Mary Alice Wheatley</i> | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) _____ | | | 16. SOCIAL SECURITY NO. _____ | | |
| 17. INFORMANT <i>Mrs. Sadie L. Wade, 1800 E. Belvedere</i> | | | ADDRESS _____ | | |

| | | |
|---|---|--|
| 18. <i>761X</i>
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)
<i>Carcinoma Larynx</i> | CAUSE OF DEATH
<i>Carcinoma Larynx</i> | INTERVAL BETWEEN ONSET AND DEATH
<i>5 years</i> |
| (A) _____ | | |
| DUE TO | | |

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) _____
(C) _____

DUE TO

DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

| | | |
|---------------------------------|--|--|
| 19A. DATE OF OPERATION <i>0</i> | 19B. MAJOR FINDINGS OF OPERATION _____ | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
|---------------------------------|--|--|

| | | |
|---|--|--|
| 21A. ACCIDENT WAS UNDERLYING <input type="checkbox"/> OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/> | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____ | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) _____ |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY _____ | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR? _____ |

22. I hereby certify that I attended the deceased from *July 19, 1945* death *19*, that I last saw the deceased alive on *3/30/51*, and that death occurred at *7 A. M.*, from the causes and on the date stated above.

| | | |
|------------------------------------|---------------------------------------|---------------------------------|
| 23A. SIGNATURE <i>John R. Wade</i> | 23B. ADDRESS <i>401 Med Arts Bldg</i> | 23C. DATE SIGNED <i>3/30/51</i> |
|------------------------------------|---------------------------------------|---------------------------------|

| | | | |
|---|-------------------------|---|---|
| 24A. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i> | 24B. DATE <i>4/2/51</i> | 24C. NAME OF CEMETERY OR CREMATORY <i>Lorraine Park</i> | 24D. LOCATION (City, town, or county) (State) <i>Baltimore Md</i> |
|---|-------------------------|---|---|

| | | | |
|--|--|--|--------------------------------|
| DATE RECEIVED BY LOCAL REGISTRAR <i>APR 1 1951</i> | REGISTRAR'S SIGNATURE <i>[Signature]</i> | 25. FUNERAL DIRECTOR <i>L. J. Buck</i> | ADDRESS <i>5305 Harford Rd</i> |
|--|--|--|--------------------------------|

51482

47a

Dr. John Davis
Med. Certs

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2964

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2964

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ANNA G. ZBOYOSKY

2. DATE
OF
DEATH

April 1, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

3719 Frankford Ave

C. Length of stay in Baltimore

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

M

4. USUAL RESIDENCE (Where deceased lived, if institution: residence
before admission)

A. STATE Pennsylvania

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Allentown

D. STREET ADDRESS (If rural, give location)

338 S. Franklin Street

8. DATE OF BIRTH

Feb. 12 - 1891

9. AGE (In years
last birthday)

60

10. Under 1 Year
Months Days

11. Under 24 Hours
Hours Min.

11. BIRTHPLACE (State or foreign country)

Shamokin Pa.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

William Fisher

14. MOTHER'S MAIDEN NAME

Mary A. Forbes

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs. Wm. J. Zboyosky - same

18. 443X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

Hypertensive Cardiovascular

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

disease.

(C)

INTERVAL BETWEEN
ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection and Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley H. Durack M.D.

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

April 1, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

4/5/51

St. Edward's

Shamokin Pa.

DATE RECEIVED BY
LOCAL REGISTRAR

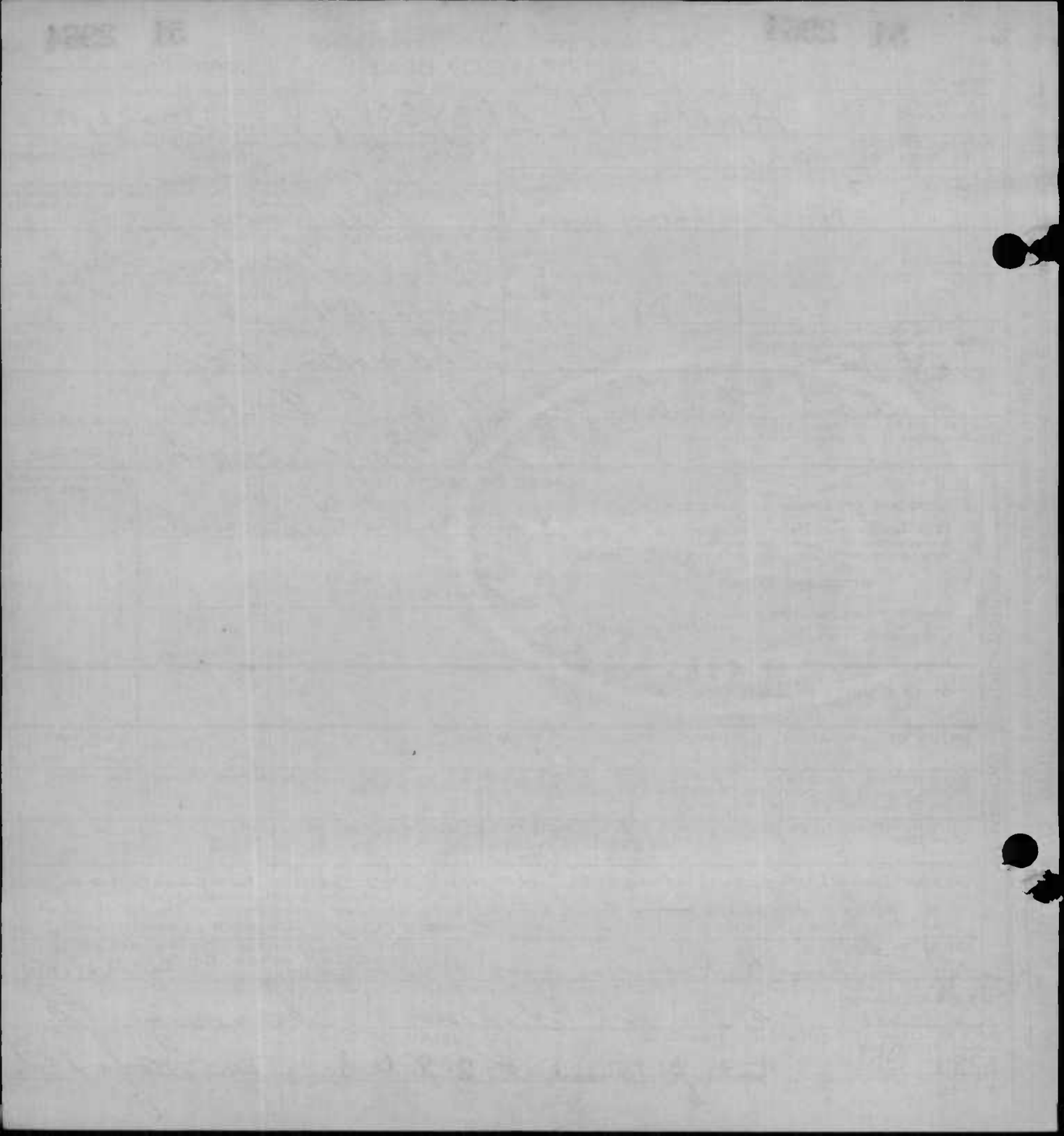
APR 1 1951

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

5305 Harford Rd



PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2965

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2965
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Martin Harting

2. DATE
OF
DEATH

March 31, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospitals
4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 11-02

D. STREET ADDRESS (If rural, give location)

7 E. Centre St.

C. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)
Widowed

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

13. FATHER'S NAME

(D)

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Avenue

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) Carcinoma of Mouth

DUE TO

9 Months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Pulmonary Fibrosis

DUE TO

5 Years

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

10-8-50
11-10-50

19B. MAJOR FINDINGS OF OPERATION

Carcinoma of Tongue

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH ☐

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-28, 1950, to 3-31, 1951, that I last saw the deceased alive on 3-31, 1951, and that death occurred at 4:45 pm, from the causes and on the date stated above.

23A. SIGNATURE

R. S. Rogers

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

3-31-51

24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial

24B. DATE

4-3-51

24C. NAME OF CEMETERY OR CREMATORY

Holy Redeemer Cemetery

24D. LOCATION (City, town, or county)

Baltimore, Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

APR 1 1951

REGISTRAR'S SIGNATURE

William Williams

25. FUNERAL DIRECTOR

Lilly & Zeigler

ADDRESS

403 S. Wolfe Street

5003

5003

WALL

COOPER

1943

1943

1943

1943

1943

1943

1943

1943

1943

1943

1943

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2966

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2966

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Karczewski, Stanislaw

2. DATE
OF
DEATH

March 30, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

Maryland

B. COUNTY

before admission)

B. FULL NAME OF (If not in hospital or institution, give street address or
HOSPITAL OR location)
INSTITUTION

U.S. MARINE HOSPITAL,

C. CITY OR TOWN (If outside corporate limits, write RURAL and give

Baltimore

township)

D. STREET ADDRESS (If rural, give location)

259 North Exeter St.

5. SEX

m

6. COLOR OR RACE

wh

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Mar.

Yrs.
Mos.
Days

8. DATE OF BIRTH

May 2, 1896

9. AGE (in years
last birthday)

54

If Under 1 Year
Months: Days: Hours: Min.

10

28

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

odd jobs

10B. KIND OF BUSINESS OR
INDUSTRY

- - - -

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

H. J. Karczewski

14. MOTHER'S MAIDEN NAME

Unknown Josephine ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

yes

WWI

16. SOCIAL
SECURITY NO.

215-05-2450

17. INFORMANT

ADDRESS

RECORDS-U.S. MARINE HOSPITAL, Balto., Md

18. 491X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthma, etc. It means the disease,
injury or complication which caused death.)

(A)

Pneumonia, lobular

unknown

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. ACCIDENT WAS UNDER-
LYING OR CONTRIBUTING
CAUSE OF DEATH21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK AT WORK22. I hereby certify that I attended the deceased from March 30, 1951 to March 30, 1951, that I last saw the
deceased alive on March 30, 1951, and that death occurred at 8:55-PM from the causes and on the date stated above.

23A. SIGNATURE

Norman Tarr

23B. ADDRESS

U.S. MARINE HOSPITAL, BALTO., MD.

23C. DATE SIGNED

3-31-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4-3-51

24C. NAME OF CEMETERY OR CREMATORY

St. Stanislaus

24D. LOCATION (City, town, or county)

Baltimore, Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Silly & Gilman Co. 403 S. Wolfe Street

APR 1 1951

VS 150

97099

107

RECEIVED - [illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

[illegible]

RECEIVED - [illegible]

[illegible]

[illegible]

103 E. W. 1st Street

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

3-500

51 2967

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2967

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Josephine I. Baney

2. DATE
OF
DEATH

Mar 31 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland 5204 Gwynn Oak Ave

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE B. COUNTY

Maryland

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 28-02

D. STREET ADDRESS (If rural, give location)

5204 Gwynn Oak Ave

c. Length of stay in Baltimore

Life Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

June 28 1885

9. AGE (In years
last birthday)

65

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Frank Kohler

14. MOTHER'S MAIDEN NAME

Kunagunda Leistner

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Edward T. Baney 5204 Gwynn Oak Ave

18. 420-1

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A)

Coronary Occlusion

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

Atherosclerosis

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

CERTIFICATION APPROVED BY

Stanley B. DeBach M.D.
CHIEF OR ASST. MEDICAL EXAMINER.

INTERVAL BETWEEN
ONSET AND DEATH

30 min

15 yrs?

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

no

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐

NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1939, to 1945, that I last saw the deceased alive on Nov 1945, and that death occurred at 11:27 PM, from the causes and on the date stated above.

23A. SIGNATURE

H. V. Harper

23B. ADDRESS

5204 Gwynn Oak Ave

23C. DATE SIGNED

4/1/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

Apr 4 1951

24C. NAME OF CEMETERY OR CREMATORY

Lorraine

24D. LOCATION (City, town, or county)

Woodlawn Md

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Thurston B. Williams

25. FUNERAL DIRECTOR

ADDRESS

4204 Ridgewood Ave

APR 1 1951

VS 150

94a

100

100

100

100

100

100



51 2968

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2968

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Mr Harry M Cardell

2. DATE
OF
DEATH

31 Mar 51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Fla Pinellas V-08

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

St. Petersburg

D. STREET ADDRESS (If rural, give location)

5-32 8th St

c. Length of stay in Baltimore

26

Yrs
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)If Under 1 Year
Months: Days
If Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTH PLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

Office Work

Real Estate Insurance

Kansas

U.S.

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

James M Cardell

Longstruth, Hester

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

unk.

Harry M Cardell

Same

18.

154X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Adeno Carcinoma of
Rectum

8-9 mon.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

Adrenal insufficiency

2 days

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

9 mar 51

Adeno Carcinoma of Rectum

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m. WHILE AT NOT WHILE
WORK AT WORK22. I hereby certify that I attended the deceased from 6 mar 51, 19__, to 31 mar, 1951, that I last saw the
deceased alive on 31 mar, 1951, and that death occurred at 9:25 p.m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Dorance J. Enshers

M. D.

Church Home & Hosp.

1 April 51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 2 1951

William J. Williams

25. FUNERAL DIRECTOR

ADDRESS

William J. Williams

VS 150

39075

46D

MEDICAL CERTIFICATION

PAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2003

51 2003

CERTIFICATE OF DEATH

Blank lined form for Certificate of Death with two punch holes on the right side.

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2969

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2969
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alice Garmell

2. DATE
OF
DEATH

3-29-57

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

Carroll

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION

Provident Hospital

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Johnsville

O. STREET ADDRESS (If rural, give location)

Rural-- Sykesville

5600

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Negro

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
widowed

8. DATE OF BIRTH

1880

9. AGE (In years last birthday)

70

If Under 1 Year Months: Days: Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

none

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

U.S.

13. FATHER'S NAME

Henry Thompson

14. MOTHER'S MAIDEN NAME

Nannie ?

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

none

17. INFORMANT

Mrs. Ella Chase, Sykesville, Md.

ADDRESS

18. *153X*

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Severe anemia (cachexia)

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Probable malignant tumor of large bowel.

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

none

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from *3-15-57*, 1957, to *3-29-57*, 1957, that I last saw the deceased alive on *3-29-57*, 1957, and that death occurred at *4:00 a.m.*, from the causes and on the date stated above.

23A. SIGNATURE

Edward Conner R

23B. ADDRESS

Provident Hospital

23C. DATE SIGNED

3-29-57

24A. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

24B. DATE

4-2-1957

24C. NAME OF CEMETERY OR CREMATORY

Johnsville

24D. LOCATION (City, town, or county)

Carroll Co., Md.

(State)

DATE RECEIVED BY LOCAL REGISTRAR

APR 2 1957

REGISTRAR'S SIGNATURE

Thurston Williams, Jr.

25. FUNERAL DIRECTOR

C. M. Waltz, Winfield, Md.

ADDRESS

PLEASE WRITE IN INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

120 51 2970

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2970

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JAMES DAVIS

2. DATE
OF
DEATH

February 23, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Baltimore City Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

O. STREET ADDRESS (If rural, give location)

1404 Arundel Ave

E. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

43

If Under 1 Year
Months Days

If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

N

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

N

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

N

14. MOTHER'S MAIDEN NAME

N

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

W

16. SOCIAL SECURITY NO.

17. INFORMANT

W

ADDRESS

18.

241X I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Myocardial insufficiency

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) Bronchopneumonia
DUE TO chronic bronchial asthma

(C)

INTERVAL BETWEEN
ONSET AND DEATH

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR?
(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inquiry & Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. B. Fisher

23B. CHIEF MEDICAL EXAMINER... ☒
ASSISTANT MEDICAL EXAMINER... ☐
M.D. MEDICAL INVESTIGATOR... ☐

23C. DATE SIGNED
Feb. 24, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

JOHN HOPKINS MEDICAL SCHOOL MAR 9 1951

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly. Physicians: please write the causes of death clearly and legibly.

656 51 2971

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2971
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

John

Garner

2. DATE
OF
DEATH

Feb. 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

Provident Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

14-02

D. STREET ADDRESS (If rural, give location)

1532 Wilmer Ct.

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

70

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

N

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

N

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

N

14. MOTHER'S MAIDEN NAME

N

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

W

16. SOCIAL
SECURITY NO.

17. INFORMANT

W

ADDRESS

18. 4221 N

CAUSE OF DEATH N

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)
DUE TO

Arteriosclerotic Cardiovascular Disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)
DUE TO
(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT ☐ NOT WHILE ☐
m. WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Stanley K. Duescher

M.D.

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

Feb. 28, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

JOHN HOPKINS MEDICAL SCHOOL MAR 9 1951

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 2 1951

Thurston M. Higgins

Commissioner of Health

V S 151

93D ✓

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PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2972

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2972

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Alfred

MITCHELL

2. DATE
OF
DEATH

Feb. 21, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission)

A. STATE Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)

1026 Carlton St.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1026 Carlton St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years
last birthday)

72

If Under 1 Year
Months Days

If Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

N

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

N

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

N

14. MOTHER'S MAIDEN NAME

N

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

W

16. SOCIAL
SECURITY NO.

17. INFORMANT

W

ADDRESS

18. 422.1 N

CAUSE OF DEATH N

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic Cardiovascular Disease

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection & Inq. thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

23A. SIGNATURE

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
MEDICAL INVESTIGATOR.....

23C. DATE SIGNED
Feb. 22, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

V S 151

JOHN HOPKINS MEDICAL SCHOOL MAR 9 1951

Commissioner of Health

937 ✓

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully and legibly correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2973

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2973

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Lawrence Bedwell

2. DATE
OF
DEATH

2-28-57

3. PLACE OF DEATH:

A. Baltimore City, Maryland

636 Washington Blvd

4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)

STATE BALTIMORE COUNTY BALTIMORE

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

636 Washington Blvd.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

22-02

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

8. DATE OF BIRTH

9. AGE (In years,
last birthday)

44

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

18. 002X

CAUSE OF DEATH

I
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

Pulmonary Tuberculosis 3 mos

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

(C)

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan. 4, 1957, to Feb. 28, 1957, that I last saw the deceased alive on Jan. 26, 1957, and that death occurred at 8:50 a.m., from the causes and on the date stated above.

23A. SIGNATURE

W. R. Johnson

M. D.

23B. ADDRESS

403 Med Art Bg

23C. DATE SIGNED

2-28-57

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Washington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

APR 2 1957

1935

CERTIFICATE OF DEATH

1935

[Faint, mostly illegible text, likely bleed-through from the reverse side of the page. The text appears to be a form with various fields and lines.]

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

ND- 89574
BIRTH NO.

51 2974

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2974
Registered No.

| | | | | | |
|---|----------------------------------|---|---|--|---|
| 1. NAME OF DECEASED
(Type or Print) Isaac Burgess | | | 2. DATE OF DEATH Feb. 25, 1951 | | |
| 3. PLACE OF DEATH:
A. Baltimore City, Maryland | | | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland B. COUNTY | | |
| B. FULL NAME OF HOSPITAL OR INSTITUTION
Baltimore City Hospitals
4940 Eastern Avenue | | | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 26-12 | | |
| c. Length of stay in Baltimore 36 Yrs. | | | D. STREET ADDRESS (If rural, give location)
B.C.H. 4940 Eastern Avenue | | |
| 5. SEX
Male | 6. COLOR OR RACE
Negro | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widowed | B. DATE OF BIRTH
Mar. 23, 1879 | | 9. AGE (in years last birthday)
71 |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10B. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country)
North Carolina | | 12. CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME
Jack Burgess (D) | | | 14. MOTHER'S MAIDEN NAME
Julia Perry (Berry) (D) | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) | | 16. SOCIAL SECURITY NO. | 17. INFORMANT Baltimore City Hospitals
Records: 4940 Eastern Avenue | | |
| 18. 331X I CAUSE OF DEATH | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)
(A) Cerebral Vascular Accident
DUE TO | | | | | More than 2 Wks. |
| ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
(B) Uremia
DUE TO | | | | | More than 2 Weeks |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | | | | | |
| 19A. DATE OF OPERATION 0 | | 19B. MAJOR FINDINGS OF OPERATION | | | 20. AUTOPSY?
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH | | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) | |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | | 21E. INJURY OCCURRED
WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21F. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from 8-29 , 19 44 , to 2-25 , 19 51 that I last saw the deceased alive on 2-25 , 19 51 , and that death occurred at 4:30am , from the causes and on the date stated above. | | | | | |
| 23A. SIGNATURE | | | 23B. ADDRESS
M. D. 4940 Eastern Avenue | | 23C. DATE SIGNED |
| 24A. BURIAL, CREMATION, REMOVAL (Specify) | | 24B. DATE | 24C. NAME OF CEMETERY OR CREMATORY | | 24D. LOCATION (City, town, or county) (State) |
| DATE RECEIVED BY LOCAL REGISTRAR
APR 2 1951 | | REGISTRAR'S SIGNATURE
W. H. Williams, Jr. | | 25. FUNERAL DIRECTOR
Commissioner of Health | |

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51 2975

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2975

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

HANS SCHULER

2. DATE OF DEATH
MARCH 30, 1951.

3. PLACE OF DEATH:

A. Baltimore City, Maryland Calvert 933 Sb-

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE
MD.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BALTIMORE 12-05

D. STREET ADDRESS (If rural, give location)

7 E. LAFAYETTE AVE., BALTO. #2

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION UNION MEMORIAL HOSPITAL

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

MAY 35, 1877

9. AGE (in years last birthday)

76

If Under 1 Year
Months: Days

If Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Sculptor

10B. KIND OF BUSINESS OR INDUSTRY

SCULPTOR

11. BIRTHPLACE (State or foreign country)

GERMANY

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

OTTO SCHULER

14. MOTHER'S MAIDEN NAME

AMALIE ARNDT

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

No

No

16. SOCIAL SECURITY NO.

No

17. INFORMANT

Mr. Paul G. Schuler (wife) 5-E Lafayette

ADDRESS

18. 420.0

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH
15-21 DAYS

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

2 INTRA CRANIAL HEMORRHAGES 20-3 DAYS

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) HYPERTENSIVE, ARTERIO-SCLEROTIC HEART DISEASE 19 YRS +

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

DIABETES MELLITUS

YEARS?

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

m.

WHILE AT WORK ☐

NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from MARCH 27, 1951, to MARCH 30, 1951, that I last saw the deceased alive on MARCH 30, 1951, and that death occurred at 8:25 P.M., from the causes and on the date stated above.

23A. SIGNATURE

Wallace T. Bettschick

23B. ADDRESS

Union Memorial Hospital 30 MARCH 1951

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/2/51

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county) (State)

Baltimore

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Wilmington Williams

25. FUNERAL DIRECTOR

Stewart Morris, Baltimore

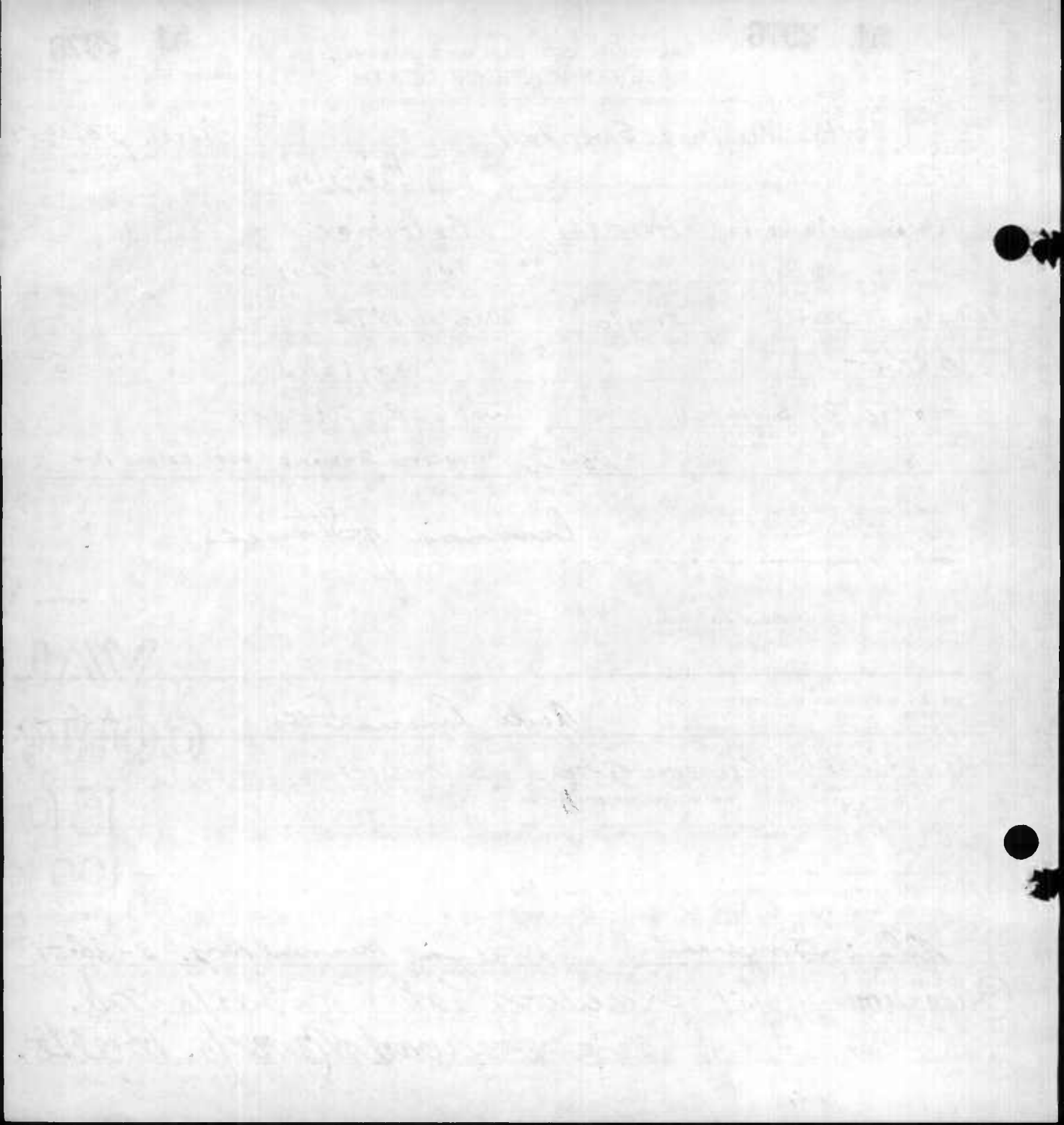
ADDRESS

APR 2 1951

VS 150

61

[Faint, illegible handwriting throughout the page]



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information must be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

ES*142040x
147040

BIRTH NO.

51 2977

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2977

Registered No.

| | | | |
|---|--|---|--|
| 1. NAME OF DECEASED
(Type or Print) Elsie Mae Boston | | 2. DATE OF DEATH 4-1-51 | |
| 3. PLACE OF DEATH:
A. Baltimore City, Maryland | | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE Maryland
B. COUNTY Baltimore | |
| B. FULL NAME OF HOSPITAL OR INSTITUTION
Baltimore City Hospitals | | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore | |
| D. STREET ADDRESS (If rural, give location)
2900 Georgetown Rd | | E. DATE OF BIRTH
Sept. 18, 1878 | |
| F. AGE (In years last birthday) 72 | | G. Under 1 Year Months: Days: 72 | |
| H. Under 24 Hours Hours: Min. 72 | | I. BIRTHPLACE (State or foreign country)
Maryland | |
| J. CITIZEN OF WHAT COUNTRY?
U. S. A | | K. FATHER'S NAME
Unknown | |
| L. MOTHER'S MAIDEN NAME
Unknown | | M. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, oo or unknown) (If yes, give war or dates of service)
No | |
| N. SOCIAL SECURITY NO.
None | | O. INFORMANT ADDRESS 4940 RECORDS* BALTO. CITY HOSPITALS Eastern Ave | |
| P. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
Uremia | | Q. INTERVAL BETWEEN ONSET AND DEATH
2 Weeks | |
| R. ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
Hypertensive Arteriosclerotic Cardio Vascular Disease | | S. Years
5 Years | |
| T. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
Cardio Vascular Accident-old Multiple | | U. Years.
Years. | |
| V. DATE OF OPERATION 0 | | W. MAJOR FINDINGS OF OPERATION | |
| X. ACCIDENT WAS UNDER- LYING OR CONTRIBUTING CAUSE OF DEATH | | Y. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | |
| Z. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) | | AA. TIME (Month) (Day) (Year) (Hour) OF INJURY | |
| AB. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK | | AC. HOW DID INJURY OCCUR? | |
| AD. I hereby certify that I attended the deceased from 3-24 , 19 51 , to 4-1 , 19 51 , that I last saw the deceased alive on 4-1 , 19 51 , and that death occurred at 10:50 a.m. from the causes and on the date stated above. | | | |
| AE. SIGNATURE
R. J. Rogers | | AF. ADDRESS
4940 Eastern Avenue | |
| AG. DATE SIGNED
4-2-51 | | AH. DATE RECEIVED BY LOCAL REGISTRAR
APR 2 1951 | |
| AI. REGISTRAR'S SIGNATURE
W. J. Williams, M.D. | | AJ. FUNERAL DIRECTOR
Geo. L. Schwab 2101 Frederick Ave. | |
| AK. BURIAL, CREMATION, REMOVAL (Specify)
BURIAL | | AL. DATE
April 4, 1951 | |
| AM. NAME OF CEMETERY OR CREMATORY
LONDON PARK | | AN. LOCATION (City, town, or county) (State)
BALTIMORE, MD. | |

WINTER

2000

2000

2000

2000

2000

2000

2000

2000

2000

2000

2000

2000

2000

2000

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be correctly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M 263

51 2978

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 2978

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Annie McCarthy

2. DATE
OF
DEATH

3/30/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or location)

420 E. Biddle St

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Single

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Retired Seamstress

10B. KIND OF BUSINESS OR
INDUSTRY

Bonwill Lennon

13. FATHER'S NAME

John McCarthy

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Balto. 10-01

D. STREET ADDRESS (If rural, give location)

420 E. Biddle St.

8. DATE OF BIRTH

Jan 19th 1882

9. AGE (in years
last birthday)

68 64

11 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF
WHAT COUNTRY?

14. MOTHER'S MAIDEN NAME

Annie (Unknown)

17. INFORMANT

ADDRESS

Catherine Holden 420 E. Biddle St.

18.

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH

(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A)

DUE TO

(B)

DUE TO

(C)

INTERVAL BETWEEN
ONSET AND DEATH

Metastases from
carcinoma breast
involving lung

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

June 11, 1950

Radical breast

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT NOT WHILE
WORK AT WORK

22. I hereby certify that I attended the deceased from June 11, 1950 to Mar 30, 1951 that I last saw the
deceased alive on Mar 29, 1951 and that death occurred at 4:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

Francis J. Kirby

M. D.

23B. ADDRESS

1108 Northmore

23C. DATE SIGNED

3/31-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/2/51

24C. NAME OF CEMETERY OR CREMATORY

Cathedral

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

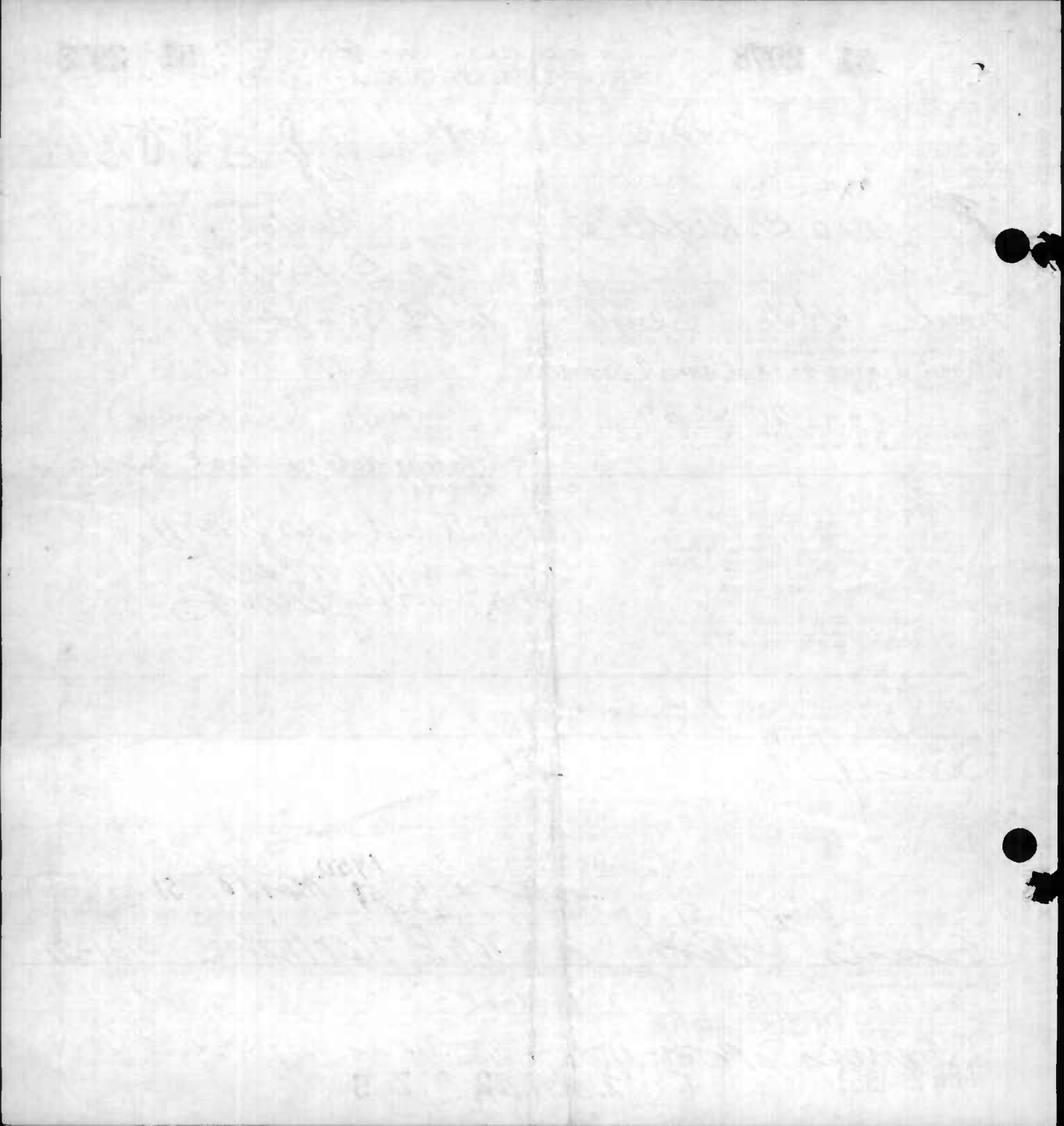
Francis J. Kirby - 1108 Northmore

Wm. G. G. Inc. 1217 St. Paul St

APR 2 1951

69046 5

50



PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

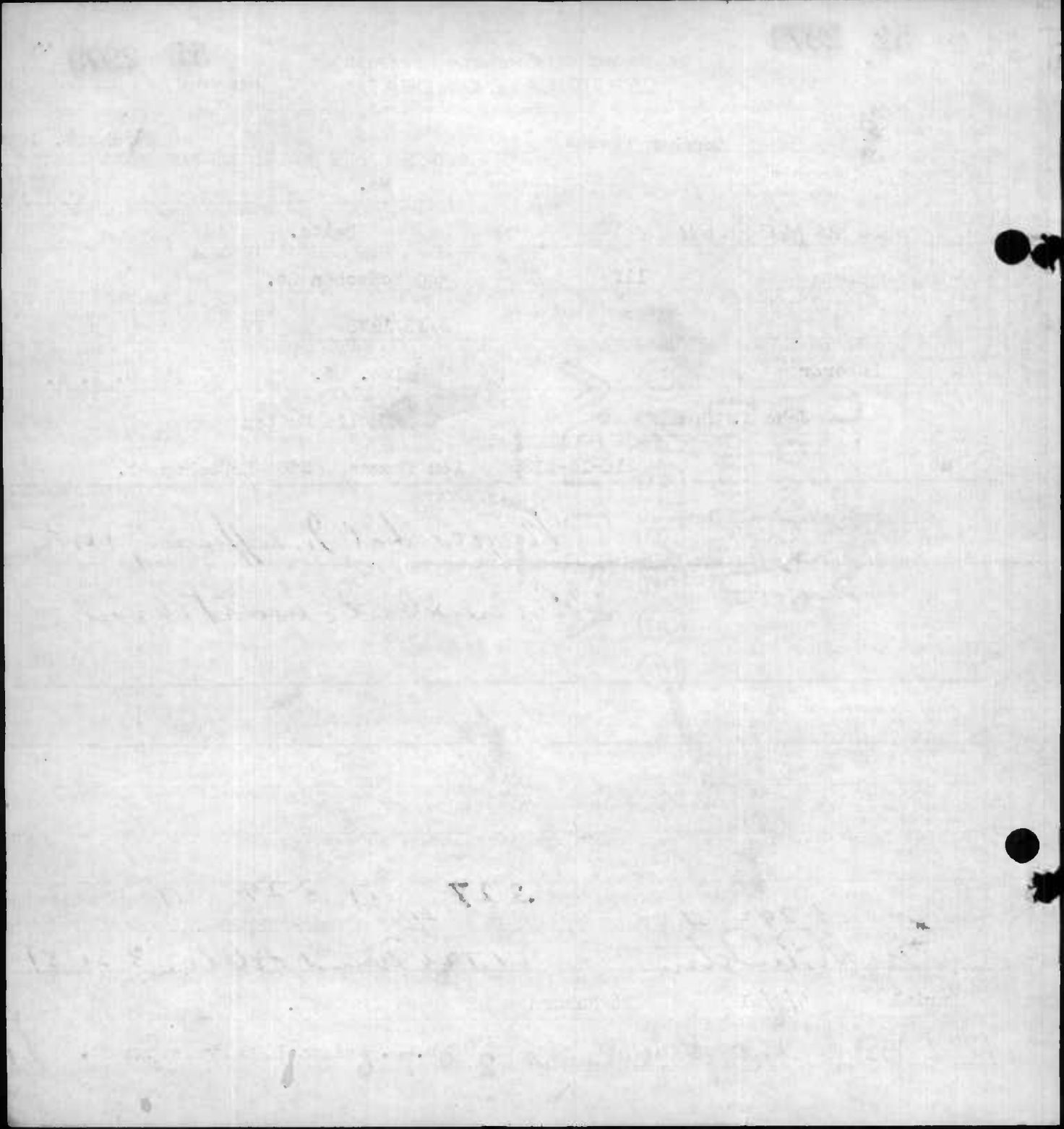
MEDICAL CERTIFICATION

520 51 2979

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2979
Registered No.

| | | | | | | | | |
|---|--|--|--|--|--|--|--|--|
| BIRTH NO. | | | 1. NAME OF DECEASED
(Type or Print) | | | 2. DATE OF DEATH | | |
| | | | Abraham Thomas | | | March 29, 1957 | | |
| 3. PLACE OF DEATH:
A. Baltimore City, Maryland | | | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | | | | | |
| B. FULL NAME OF HOSPITAL OR INSTITUTION | | | A. STATE Md. | | | | | |
| 560 McMECHEN ST | | | B. COUNTY | | | | | |
| c. Length of stay in Baltimore | | | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) | | | | | |
| life | | | Balto. 14-02 | | | | | |
| 5. SEX M | | | 6. COLOR OR RACE C | | | D. STREET ADDRESS (If rural, give location) | | |
| 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) W | | | 8. DATE OF BIRTH | | | 9. AGE (in years last birthday) | | |
| | | | 9/13/1873 | | | 77 | | |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | | 10B. KIND OF BUSINESS OR INDUSTRY | | | 11. BIRTHPLACE (State or foreign country) | | |
| Laborer | | | ? | | | Balto. Md. | | |
| 13. FATHER'S NAME | | | 14. MOTHER'S MAIDEN NAME | | | 12. CITIZEN OF WHAT COUNTRY? | | |
| John A. Thomas | | | Amelia Dutton | | | U. S. A. | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) | | | 16. SOCIAL SECURITY NO. | | | 17. INFORMANT ADDRESS | | |
| no | | | 218-10-5185 | | | Len Thomas 560 McMechen St. | | |
| 18. 470.0 I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) | | | CAUSE OF DEATH | | | | | |
| ANTECEDENT CAUSES | | | INTERVAL BETWEEN ONSET AND DEATH | | | | | |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. | | | (A) Myocardial Infarction, 1 wk | | | | | |
| | | | DUE TO | | | | | |
| | | | (B) Arteriosclerotic heart disease | | | | | |
| | | | DUE TO | | | | | |
| | | | (C) | | | | | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | | | | | | | | |
| 19A. DATE OF OPERATION | | | 19B. MAJOR FINDINGS OF OPERATION | | | | | |
| 0 | | | | | | | | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | | | |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH | | | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) | | |
| | | | | | | | | |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | | | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | 21F. HOW DID INJURY OCCUR? | | |
| | | | | | | | | |
| 22. I hereby certify that I attended the deceased from 3-27, 1957 to 3-29, 1957, that I last saw the deceased alive on 3-29-1957, and that death occurred at 4:00 a.m., from the causes and on the date stated above. | | | | | | | | |
| 23A. SIGNATURE | | | 23B. ADDRESS | | | 23C. DATE SIGNED | | |
| [Signature] | | | 1723 Druid Hills Ave | | | 3-30-57 | | |
| 24A. BURIAL, CREMATION, REMOVAL (Specify) | | | 24B. DATE | | | 24C. NAME OF CEMETERY OR CREMATORY | | |
| Burial | | | 4/2/51 | | | Mt Auburn | | |
| 24D. LOCATION (City, town, or county) | | | 24E. DATE RECEIVED BY LOCAL REGISTRAR | | | 25. FUNERAL DIRECTOR ADDRESS | | |
| Md. | | | APR 2 1951 | | | Geo. F. Nelson 1303 Presstman St. | | |



51 2980

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2980

Registered No.

BIRTH NO.

1. NAME OF DECEASED

(Type or Print)

ANDREW POWELL

2. DATE
OF
DEATH

March 29, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
before admission)

A. STATE

B. COUNTY

Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or
location)HOSPITAL OR
INSTITUTION

Provident Hospital

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give
township)

Baltimore

D. STREET ADDRESS (If rural, give location)

1331 Upton Street

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

male

6. COLOR OR RACE

colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

W

8. DATE OF BIRTH

Aug. 21, 1883

9. AGE (in years
last birthday)

67

10. Under 1 Year
Months: Days11. Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Chauff

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Va

12. CITIZEN OF
WHAT COUNTRY?

U S A

13. FATHER'S NAME

Nathaniel Powell

14. MOTHER'S MAIDEN NAME

Elizabeth Jackson

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

217.03.2817

17. INFORMANT

ADDRESS

Scott Powell 1930 Panna Ave

18.

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) Arteriosclerotic cardiovascular disease

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an **Inquiry & Inspection** thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

R. S. Fisher

23B. CHIEF MEDICAL EXAMINER ☒ASSISTANT MEDICAL EXAMINER ☐MEDICAL INVESTIGATOR ☐

23C. DATE SIGNED

March 30, 1951

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/2/51

24C. NAME OF CEMETERY OR CREMATORY

Mt Auburn

24D. LOCATION (City, town, or county)

Baltimore

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

ADDRESS

Geo. E. Kelton 7303 Preston St

V'S 1951

68352

931

✓

PLEASE WRITE IN INK. Every item of information should be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

0000

0000 12

FEDERAL BUREAU OF INVESTIGATION

U. S. DEPARTMENT OF JUSTICE

JAN 10 1964

JAN 10 1964

MEMORANDUM

TO : DIRECTOR

FROM : SAC, NEW YORK

SUBJECT: [Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

[Illegible]

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[Illegible]

[Illegible]

[Illegible]

[Illegible]

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be clearly and legibly supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

300

51 2981

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2981
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William WILLE Boyd

2. DATE
OF
DEATH

3-29-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Maryland

B. COUNTY

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTION

Provident Hospital

C. CITY OR TOWN

Baltimore

(If outside corporate limits, write RURAL and give township)

17-03

D. STREET ADDRESS (If rural, give location)

873

W. Franklin Street

c. Length of stay in Baltimore

25 Yrs.
Mos.
Days

5. SEX

M

6. COLOR OR RACE

C

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Single

8. DATE OF BIRTH

July 20 - 1904

9. AGE (In years last birthday)

46

If Under 1 Year Months: Days Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Longshoreman

10B. KIND OF BUSINESS OR INDUSTRY

Water Front

11. BIRTHPLACE (State or foreign country)

Abbeville, S. C.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

John Boyd

14. MOTHER'S MAIDEN NAME

Millie Butler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 212-09-6713

17. INFORMANT

ADDRESS

One Banks - 1307 Harlem Ave

18. 493X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Pneumonia

DUE TO

3-28-51

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

DUE TO

3-29-51

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-29-1951 to 3-29-1951, that I last saw the deceased alive on 3-29-1951, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

23A. SIGNATURE

A. Nicola

23B. ADDRESS

1514 Division St

23C. DATE SIGNED

3/30/51

24A. BURIAL, CREMATION, REMOVAL (Specify)

B.

24B. DATE

4-3-51

24C. NAME OF CEMETERY OR CREMATORY

Mt. Calvary Cem

24D. LOCATION (City, town, or county)

A. A. Co.

(State)

Md.

DATE RECEIVED BY LOCAL REGISTRAR

APR 2 1951

REGISTRAR'S SIGNATURE

William Williams

25. FUNERAL DIRECTOR

ADDRESS

Samuel W. Sullivan Jr

1011 N. Arlington Ave 10912

1931

11

RECEIVED
DEPARTMENT OF AGRICULTURE
WASHINGTON, D. C.

1931

[Faint, illegible text, likely bleed-through from the reverse side of the page]

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-354

51 2982

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2982
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

MARY F. STANLEY

2. DATE
OF
DEATH

March 28, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

920 Harlem Ave.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Maryland

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

920 Harlem Ave.

C. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

Colored

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Jan. 25, 1881

9. AGE (In years
last birthday)

71

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Domestic

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Samuel Opher

14. MOTHER'S MAIDEN NAME

Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mr. Samuel Macer 920 Harlem Av.

18.

443X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A)

DUE TO

My extensive heart disease with
congestive failure

2-3 yrs

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

II

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from March 25, 1951, to March 28, 1951, that I last saw the
deceased alive on March 27, 1951, and that death occurred at 3:00 p. m., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Lawrence R. Julian

M. D.

1707 Madison Ave.

3-31-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county) (State)

Burial

4-2-51

Mt. Auburn Cem

Baltimore, Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 2 1951

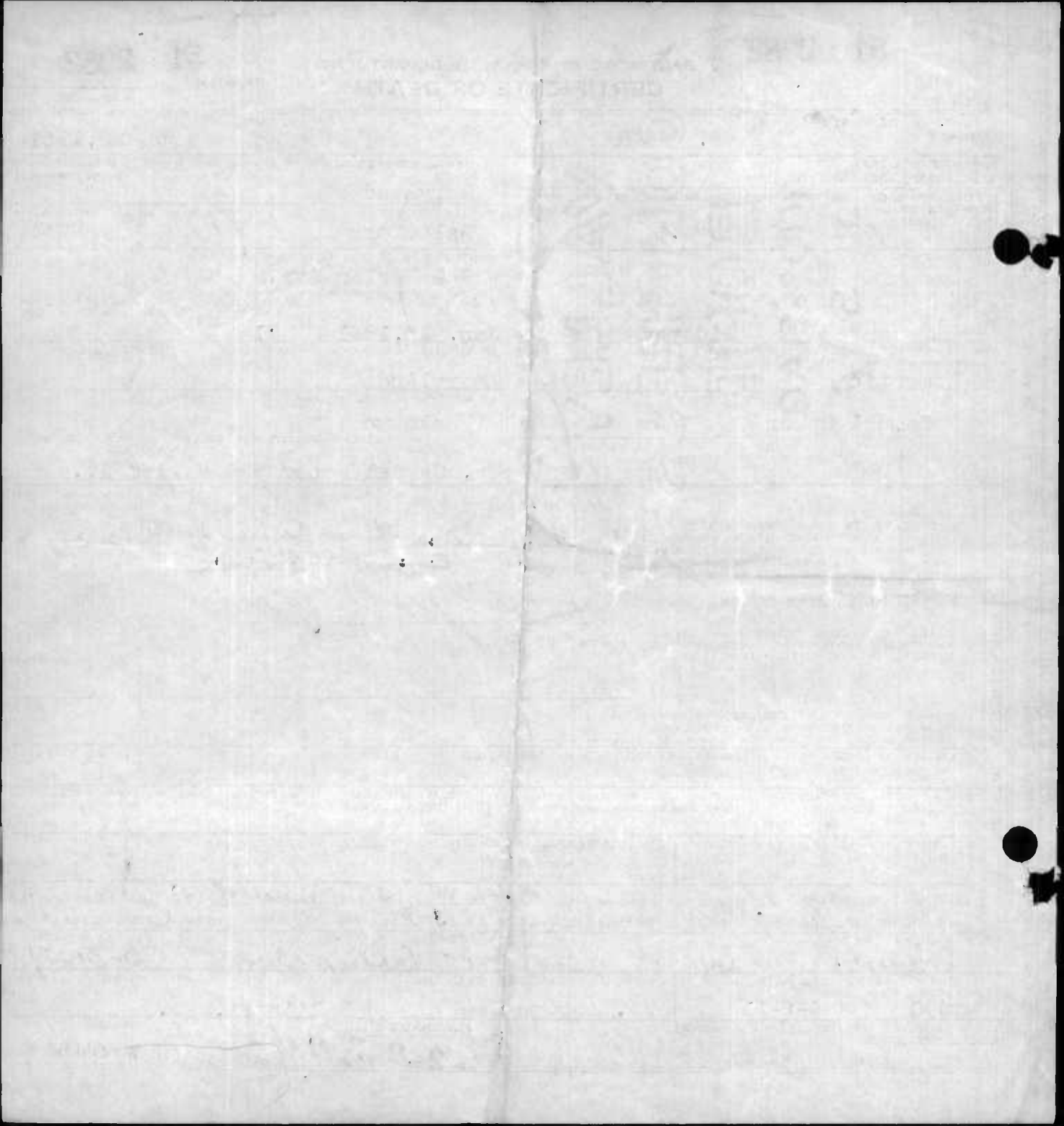
Wm. H. Williams

Wm. H. Williams

578 W. Biddle St.

VS 150

93D



PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

| | | | | | |
|--|-----------------------------|---|-----------------------------------|--|---|
| 51 2983 | | BALTIMORE CITY HEALTH DEPARTMENT | | 51 2983 | |
| | | CERTIFICATE OF DEATH | | Registered No. | |
| BIRTH NO. | | | | | |
| 1. NAME OF DECEASED
(Type or Print) | | George Hill | | 2. DATE OF DEATH
March 30, 1951 | |
| 3. PLACE OF DEATH:
A. Baltimore City, Maryland | | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
Maryland | | B. COUNTY | |
| B. FULL NAME OF HOSPITAL OR INSTITUTION
822 N. Carrollton Av | | C. CITY OR TOWN
Baltimore | | 16-01 | |
| c. Length of stay in Baltimore
Yrs. Mos. Days | | D. STREET ADDRESS (If rural, give location)
822 N. Carrollton Ave. | | | |
| 5. SEX
MALE | 6. COLOR OR RACE
Colored | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
Widowed | 8. DATE OF BIRTH
Jan. 10, 1872 | 9. AGE (In years last birthday)
79 | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Laborer |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Laborer | | 10B. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (State or foreign country)
Virginia | |
| 13. FATHER'S NAME
Harry Keller | | 14. MOTHER'S MAIDEN NAME
Julia ? | | 12. CITIZEN OF WHAT COUNTRY?
U. S. A. | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT
Mr. Bassell Hill | |
| | | | | ADDRESS
506 St. Marys St. | |
| 18. 442X
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | | CAUSE OF DEATH
(A) Cardiovascular
Renal Disease
DUE TO
(B)
DUE TO
(C) | | INTERVAL BETWEEN ONSET AND DEATH
1 yr | |
| 19A. DATE OF OPERATION | | 19B. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY?
YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) | |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | | 21E. INJURY OCCURRED
WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21F. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from 3-16, 1951 to 3-30, 1951 that I last saw the deceased alive on 3-29, 1951 and that death occurred at 7:00 A.M., from the causes and on the date stated above. | | | | | |
| 23A. SIGNATURE
W. Atwell Jones | | 23B. ADDRESS
554 Dolph St | | 23C. DATE SIGNED
3-31-51 | |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial | | 24B. DATE
4-2-51 | | 24C. NAME OF CEMETERY OR CREMATORY
Mt. Auburn Cem | |
| | | | | 24D. LOCATION (City, town, or county) (State)
Baltimore, Md. | |
| DATE RECEIVED BY LOCAL REGISTRAR
APR 2 1951 | | REGISTRAR'S SIGNATURE
Wm. H. Williams, M.D. | | 25. FUNERAL DIRECTOR
Mrs. Tracy G. Hensley | |
| | | | | ADDRESS
578 W. Biddle St. | |
| VS 150 | | 102510 | | 131a | |

1933

21

RECEIVED

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M-630

51 2984

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2984

Registered No.

BIRTH NO. 51-07126

| | | | |
|--|----------------------------------|--|--|
| 1. NAME OF DECEASED
(Type or Print) <u>Richard Kenneth Marriott</u> | | 2. DATE OF DEATH <u>April 1 1951</u> | |
| 3. PLACE OF DEATH:
A. <u>Baltimore City, Maryland</u> | | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE <u>Maryland</u> B. COUNTY <u>Baltimore</u> | |
| B. FULL NAME OF HOSPITAL OR INSTITUTION
<u>Hospital for the Women of Maryland</u> | | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
<u>hanover # 27.</u> | |
| C. Length of stay in Baltimore <u>9 hours.</u> | | D. STREET ADDRESS (If rural, give location)
<u>1935 Victory Drive 5300</u> | |
| 5. SEX
<u>Male</u> | 6. COLOR OR RACE
<u>white</u> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
<u>Single</u> | 8. DATE OF BIRTH
<u>March 31 1951</u> |
| 9. AGE (in years last birthday) | 10. Under 1 Year
Months: Days | 11. Under 24 Hours
Hours: Min. | |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
<u>-</u> | | 10B. KIND OF BUSINESS OR INDUSTRY
<u>-</u> | |
| 13. FATHER'S NAME
<u>NORMAN Stanley Marriott</u> | | 14. MOTHER'S MAIDEN NAME
<u>Johnson</u> | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
<u>-</u> | | 16. SOCIAL SECURITY NO.
<u>-</u> | |
| 17. INFORMANT
<u>Eva Dorothea Marriott</u> | | ADDRESS
<u>1935 Victory Drive hanover, 27 Md.</u> | |

CAUSE OF DEATH

| | | |
|---|--|--|
| 18. <u>760.0 1</u>
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
<u>Hemorrhage, cerebral</u> | (A) <u>Hemorrhage, cerebral</u>
DUE TO | INTERVAL BETWEEN ONSET AND DEATH
<u>7 1/2</u> |
| ANTECEDENT CAUSES
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.
<u>Med cerebral Hemorrhage</u> | (B) <u>Med cerebral Hemorrhage</u>
DUE TO | <u>9</u> |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.
<u>Renal Rupture Nephros</u> | (C) <u>?</u> | <u>48</u> |

| | | |
|--|---|--|
| 19A. DATE OF OPERATION
<u>-</u> | 19B. MAJOR FINDINGS OF OPERATION
<u>-</u> | 20. AUTOPSY?
YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify)
<u>-</u> | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
<u>-</u> | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)
<u>-</u> |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY
<u>-</u> | 21E. INJURY OCCURRED
WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR?
<u>-</u> |
| 22. I hereby certify that I attended the deceased from <u>3:30 PM</u> , 19 <u>50</u> , to <u>12:14 AM</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>12:14 AM</u> , 19 <u>51</u> , and that death occurred at <u>12:14 AM</u> , from the causes and on the date stated above. | | |
| 23A. SIGNATURE
<u>Louis D. Rocca</u> | 23B. ADDRESS
<u>Wm. Hospital of Maryland</u> | 23C. DATE SIGNED
<u>4-1-51</u> |

| | | | |
|--|---|--|---|
| 24A. BURIAL, CREMATION, REMOVAL (Specify)
<u>Burial</u> | 24B. DATE
<u>April, 2-1951</u> | 24C. NAME OF CEMETERY OR CREMATORY
<u>PARKWOOD CEMETERY</u> | 24D. LOCATION (City, town, or county) (State)
<u>-</u> |
| DATE RECEIVED BY LOCAL REGISTRAR
<u>APR 2 1951</u> | REGISTRAR'S SIGNATURE
<u>Washington Williams</u> | 25. FUNERAL DIRECTOR
<u>Charles J. Schwalb</u> | ADDRESS
<u>3512-Fredrick, Ave</u> |

VALLEY
COLLEGE
DIXON

PLEASE WRITE MAINLY, WITH UNFADING INK. Every item of information should be as fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

K-632

51 2985

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2985

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

William

KURTZ

2. DATE
OF
DEATH

March 31, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

Lutheran Hospital

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

134 S. Elwood Ave.

E. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Apr. 30, 1885

9. AGE (In years last birthday)

65

10. Under 1 Year
Months: Days

11. Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Salesman

10B. KIND OF BUSINESS OR INDUSTRY

Bakery

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Henry C. Kurtz

14. MOTHER'S MAIDEN NAME

Elizabeth Schmidt

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

no

16. SOCIAL SECURITY NO.

214-12-4683

17. INFORMANT

Mrs Marie C. Kurtz

18. 491X

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH

(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Bronchopneumonia

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) Bronchial asthma

(C) Aortic stenosis

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. EXTERNAL CAUSE WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

R. S. Fisher

M.D.

23B. CHIEF MEDICAL EXAMINER.....☒ ASSISTANT MEDICAL EXAMINER.....☐ MEDICAL INVESTIGATOR.....☐

23C. DATE SIGNED

March 31, 1951

24A. BURIAL, CREMATION, REMOVAL (Specify)

burial

24B. DATE

4/3/51

24C. NAME OF CEMETERY OR CREMATORY

Moreland Memorial Cem.

24D. LOCATION (City, town, or county) (State)

Baltimore, Md.

DATE RECEIVED BY LOCAL REGISTRAR

APR 2 1951

REGISTRAR'S SIGNATURE

William H. Williams

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC.

ADDRESS

BALTO. 138 Md.

49044

92a

51 2986

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2986

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

JOSEPH C. GORSUCH

2. DATE
OF
DEATH

March 30, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTIONSt. Pauls Nursing Home
2305 St. Paul Street4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE

Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
BaltimoreD. STREET ADDRESS (If rural, give location)
2815 Calvert Street

c. Length of stay in Baltimore

Life

5. SEX

M

6. COLOR OR RACE

W

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)

Widower

8. DATE OF BIRTH

Feb. 16, 1871

9. AGE (In years last birthday)

80

If Under 1 Year

Months: Days

If Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Handyman

10B. KIND OF BUSINESS OR INDUSTRY

Transfer Warehouse

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

13. FATHER'S NAME

Joseph H. Gorsuch

14. MOTHER'S MAIDEN NAME

Margaret E. Quinlin

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or date of service)

No

16. SOCIAL SECURITY NO.

none

17. INFORMANT 2815 N. Calvert Street
Miss Mary A. Gorsuch

18. 332X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Cerebral Thrombosis

1 week

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B)

Arteriosclerosis.

1 month.

DUE TO

(C)

old age.

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from Jun, 1940 to March 30, 1951, that I last saw the deceased alive on March 29, 1951, and that death occurred at 6 a. m., from the causes and on the date stated above.

23A. SIGNATURE

Egbert H. Mortensen, M.D.

23B. ADDRESS

2706 St Paul St

23C. DATE SIGNED

3/30/51

24A. BURIAL CREMATION, REMOVAL (Specify)

burial

24B. DATE

4/2/51

24C. NAME OF CEMETERY OR CREMATORY

St. Johns Cem.,

24D. LOCATION (City, town, or county)

Kingsville, Md.

DATE RECEIVED BY LOCAL REGISTRAR

APR 2 1951

REGISTRAR'S SIGNATURE

Huntington Williams, M.D.

25. FUNERAL DIRECTOR

HENRY SANDER & SONS, INC. BALTO. B. MD

ADDRESS

Henry Sander

VS 150

94a

PLEASE WRITE ONLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MEDICAL CERTIFICATION

[Faint, illegible handwriting throughout the page, possibly bleed-through from the reverse side.]

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

H-615

51 2987

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2987

Registered No. _____

BIRTH NO. _____

| | | | |
|--|---------------------------------|--|--|
| 1. NAME OF DECEASED
(Type or Print) <i>Julius Harwin</i> | | 2. DATE OF DEATH
<i>March the 29th</i> | |
| 3. PLACE OF DEATH:
A. Baltimore City, Maryland <i>Balto. City</i>
B. FULL NAME OF HOSPITAL OR INSTITUTION
<i>John Hopkins Hosp.</i> | | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
<i>Maryland</i>
C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
<i>Baltimore City</i>
D. STREET ADDRESS (If rural, give location)
<i>215 Colvin Street</i> | |
| 5. SEX
<i>Male</i> | 6. COLOR OR RACE
<i>Col.</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
<i>Widowed</i> | 8. DATE OF BIRTH
<i>June 8 1880</i> |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
<i>Farmer</i> | | 10B. KIND OF BUSINESS OR INDUSTRY
<i>Farming</i> | 9. AGE (In years last birthday)
<i>70</i> |
| 13. FATHER'S NAME
<i>Joe Harrison</i> | | 11. BIRTHPLACE (State or foreign country)
<i>Suter S.C.</i> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)
<i>No</i> | | 12. CITIZEN OF WHAT COUNTRY?
<i>U.S.A.</i> | |
| 16. SOCIAL SECURITY NO. | | 13. MOTHER'S MAIDEN NAME
<i>Jannie Ream</i> | |
| 17. INFORMANT
<i>Ida Lightner</i> | | ADDRESS
<i>1710 Madison Ave</i> | |

18. *422.1 and 002X*
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

CAUSE OF DEATH

(A) *Cardiac Failure*
DUE TO *Arterio-sclerotic Cardio-vascular d.*
(B) *Pulmonary T.B. Emphysema*
DUE TO *Syphilitic Aneurysm*
(C) _____

INTERVAL BETWEEN ONSET AND DEATH

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

| | | | | | |
|---|--|---|--|---|--|
| 19A. DATE OF OPERATION | | 19B. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY?
YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH <input type="checkbox"/> | | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) | |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | | 21E. INJURY OCCURRED
WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21F. HOW DID INJURY OCCUR? | |
| 22. I hereby certify that I attended the deceased from <i>June '49</i> , 19__, to <i>March 29</i> , 19 <i>51</i> , that I last saw the deceased alive on <i>March 29</i> , 19 <i>51</i> , and that death occurred at <i>6 P. m.</i> , from the causes and on the date stated above. | | | | | |
| 23A. SIGNATURE
<i>Morris A. Fine</i> | | M. D.
<i>115 B. B. B. B. B.</i> | | 23B. ADDRESS
<i>115 B. B. B. B. B.</i> | |
| 23C. DATE SIGNED | | | | | |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)
<i>Burial</i> | | 24B. DATE
<i>4/2/51</i> | | 24C. NAME OF CEMETERY OR CREMATORY
<i>Mt Calvary Cem.</i> | |
| 24D. LOCATION (City, town, or county) (State)
<i>Brooklyn Md</i> | | | | | |

| | | | | | |
|---|--|---|--|--|--|
| DATE RECEIVED BY LOCAL REGISTRAR
<i>4/2/51</i> | | REGISTRAR'S SIGNATURE
<i>Huntington Williams, M.D.</i> | | 25. FUNERAL DIRECTOR
<i>Elroya Wilson</i> | |
| | | | | ADDRESS
<i>1000 Beantley and</i> | |

See Void Certificate in File
8742

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information must be clearly and legibly written. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

| | | | | | |
|---|--|--|--|--|--|
| Attention 51 2988 | | BALTIMORE CITY HEALTH DEPARTMENT | | 51 2988 | |
| L-163 | | CERTIFICATE OF DEATH | | Registered No. | |
| BIRTH NO. | | 1. NAME OF DECEASED
(Type or Print) | | 2. DATE OF DEATH | |
| | | Matilda L Leavelton | | Mar 31/51 | |
| 3. PLACE OF DEATH:
A. Baltimore City, Maryland | | 4. USUAL RESIDENCE (Where deceased lived, If institution: residence before admission)
A. STATE | | B. COUNTY | |
| B. FULL NAME OF HOSPITAL OR INSTITUTION | | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) | | | |
| | | Balt | | 16-06 | |
| c. Length of stay in Baltimore | | Yrs. Mos. Days | | 5. SEX | |
| Life | | | | Female | |
| 6. COLOR OR RACE | | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | | 8. DATE OF BIRTH | |
| White | | single | | Oct 5-1880 | |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10B. KIND OF BUSINESS OR INDUSTRY | | 9. AGE in years last birthday | |
| | | at home | | 70 | |
| 11. BIRTHPLACE (State or foreign country) | | 12. CITIZEN OF WHAT COUNTRY? | | 11 Under 1 Year Months: Days | |
| Balt | | | | If Under 24 Hours Hours: Min. | |
| 13. FATHER'S NAME | | 14. MOTHER'S MAIDEN NAME | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) | |
| James N Leavelton | | Elizabeth Leavelton | | (If yes, give war or dates of service) | |
| 16. SOCIAL SECURITY NO. | | 17. INFORMANT | | ADDRESS | |
| | | May L Clark | | 1019 Poplar Grove | |
| 18. 420.1 | | CAUSE OF DEATH | | INTERVAL BETWEEN ONSET AND DEATH | |
| DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) | | (A) Coronary Occlusion | | ✓ | |
| ANTECEDENT CAUSES | | (B) ✓ | | CERTIFICATION APPROVED BY | |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. | | (C) ✓ | | per J. P. Davis M. D. | |
| OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | | | | CHIEF OR ASST. MEDICAL EXAMINER | |
| 19A. DATE OF OPERATION | | 19B. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? | |
| none | | ✓ | | YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) | |
| ✓ | | ✓ | | ✓ | |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | | 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21F. HOW DID INJURY OCCUR? | |
| ✓ | | m. <input checked="" type="checkbox"/> <input type="checkbox"/> | | ✓ | |
| 22. I hereby certify that I attended the deceased from Mar 31, 1951, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 10A. m., from the causes and on the date stated above. | | | | | |
| 23A. SIGNATURE | | 23B. ADDRESS | | 23C. DATE SIGNED | |
| J. P. Davis | | 1219 Poplar Grove | | 3/31/51 | |
| 24A. BURIAL, CREMATION, REMOVAL (Specify) | | 24B. DATE | | 24C. NAME OF CEMETERY OR CREMATORY | |
| Burial | | 4/4/51 | | London Park | |
| 24D. LOCATION (City, town, or county) | | 24E. LOCATION (City, town, or county) | | (State) | |
| Balt | | Balt | | MD | |
| DATE RECEIVED BY LOCAL REGISTRAR | | REGISTRAR'S SIGNATURE | | 25. FUNERAL DIRECTOR | |
| APR 2 1951 | | Wilmington Williams, Jr. | | 2008 Calver | |

VALLEY
COLLEGE
LEONARD

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51

2989

CERTIFICATE CORRECTED 11-12-52

51

2989

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

ELIZABETH M. KEEFER

2. DATE
OF
DEATH

3/31/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland 3425 Woodstock Ave

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

B. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

3425 Woodstock Ave

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore MD.

D. STREET ADDRESS (If rural, give location)

8-01

c. Length of stay in Baltimore

Life

Yrs.
Mos.
Days

5. SEX

F

6. COLOR OR RACE

W

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

—

8. DATE OF BIRTH

Aug 16, 1890

9. AGE (In years,
last birthday)

60

If Under 1 Year
Months: DaysIf Under 24 Hours
Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

SEAMSTRESS

10B. KIND OF BUSINESS OR
INDUSTRY

PANTS Factory

11. BIRTHPLACE (State or foreign country)

Baltimore M.D.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Milchling

Milchling

14. MOTHER'S MAIDEN NAME

UNKNOWN

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)16. SOCIAL
SECURITY NO.

216-10-6739

17. INFORMANT

ADDRESS

CHRIS KEEFER-3425 Woodstock Ave

18. 443X I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATHDISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) Hypertensive Cardis-Vascular disease.
DUE TO cerebral Hemorrhage.

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.(B)
DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐21A. ACCIDENT, SUICIDE,
HOMICIDE (Specify)21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR?

(If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT
WORK ☐NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January 1950, to March 24, 1951, that I last saw the deceased alive on 3/27, 1951, and that death occurred at 4:00 m., from the causes and on the date stated above.

23A. SIGNATURE

Joseph R. Libicki

M. D.

23B. ADDRESS

104 N. Charles St.

23C. DATE SIGNED

3/31/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

4/3/51

24C. NAME OF CEMETERY OR CREMATORY

NEW CATHEDRAL

24D. LOCATION (City, town, or county) (State)

Lot 128 SEC CC.

DATE RECEIVED BY
LOCAL REGISTRAR

APR 2 1951

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

CHAS. P. TWEILL

ADDRESS

2427 EDMONDSON AVE

VS 150

690 4G

93D

35 BANK ST
728819.

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

51 2990

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2990
Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

George H. Schuckman

2. DATE
OF
DEATH

March 30/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

B. COUNTY

Md.

C. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

D. STREET ADDRESS (If rural, give location)

4405 Old Frederick Rd.

B. FULL NAME OF (If not in hospital or institution, give street address or location)

HOSPITAL OR INSTITUTE

4405 Old Frederick Rd.

c. Length of stay in Baltimore Life

Yrs.
Mos.
Days

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

Widowed

8. DATE OF BIRTH

Nov. 11, 1866

9. AGE (In years last birthday)

84

10 Under 1 Year
Months: Days

11 Under 24 Hours
Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Retired Printer

10B. KIND OF BUSINESS OR INDUSTRY

B. & O. R. R.

11. BIRTHPLACE (State or foreign country)

Balto. Md.

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

Henry Schuckman

14. MOTHER'S MAIDEN NAME

Catherine Burch

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

Charles G. Schuckman, 4405 Old Frederick Rd.

18. 260X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

3/27 to 3/29/51

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

(B) DUE TO

Diabetes

(C) DUE TO

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

22. I hereby certify that I attended the deceased from 3/27, 1951, to 3/29, 1951, that I last saw the deceased alive on 3/28, 1951 and that death occurred at 6 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

23C. DATE SIGNED

Charles G. Schuckman

M. D.

215 W Balto St

3/31-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

24B. DATE

24C. NAME OF CEMETERY OR CREMATORY

24D. LOCATION (City, town, or county)

(State)

Burial

April 2/51

Loudon Pk., 3801 Frederick Rd. Balto. 29, Md.

DATE RECEIVED BY LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

APR 2 1951

William H. Williams, M.D.

Henry H. Schuckman, 4101 Edmondson Ave.

OFFICE OF THE

SECRETARY OF THE

NAVY

DEPARTMENT

RECORDS

NAVY

NAVY

NAVY

NAVY

NAVY

NAVY

NAVY



PLEASE WRITE IN UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

520

51 2991

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

RENICK

51 2991

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Paul Renick

2. DATE
OF
DEATH

3-30-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

Balto. City

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

South Baltimore General Hosp.

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE

Md.

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 25-05

D. STREET ADDRESS (If rural, give location)

4522 Curtis Ave.

c. Length of stay in Baltimore

5. SEX

Male

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

9. AGE (In years last birthday)

54

10. Under 1 Year
Months Days

11. Under 24 Hours
Hours Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Longshoreman

10B. KIND OF BUSINESS OR INDUSTRY

Ships

11. BIRTHPLACE (State or foreign country)

Poland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Walter Renick

14. MOTHER'S MAIDEN NAME

Ludwika Gorski

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown)

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Heleen Renick 4522 Curtis Ave

1B.

150X

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) DUE TO

Carcinoma of the Esophagus with metastasis. 6 months

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

(C)

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

INTERVAL BETWEEN
ONSET AND DEATH

MEDICAL CERTIFICATION

19A. DATE OF OPERATION

October 1951

19B. MAJOR FINDINGS OF OPERATION

Inoperable Carcinoma of 1/3 Esophagus

20. AUTOPSY?

YES ☐ NO ☒

21A. EXTERNAL CAUSE WAS
PRIMARY ☐ OR CONTRIBUTING
CAUSE OF DEATH.

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED
WHILE AT WORK ☐ NOT WHILE
AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

Robert B. Madden

23B. CHIEF MEDICAL EXAMINER.....

ASSISTANT MEDICAL EXAMINER.....

M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

3-30-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/3/51

24C. NAME OF CEMETERY OR CREMATORY

St. Stanislaus

24D. LOCATION (City, town, or county)

Balto. City Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

APR 2 1951

REGISTRAR'S SIGNATURE

Wilmington Williams, M.D.

25. FUNERAL DIRECTOR

Wm. J. 2980 W. 2007 Eastern

ADDRESS

46a Ave

VS 151

94055

1983 12

JULY 18

UNITED STATES DEPARTMENT OF AGRICULTURE
WASHINGTON, D.C. 20250

✓

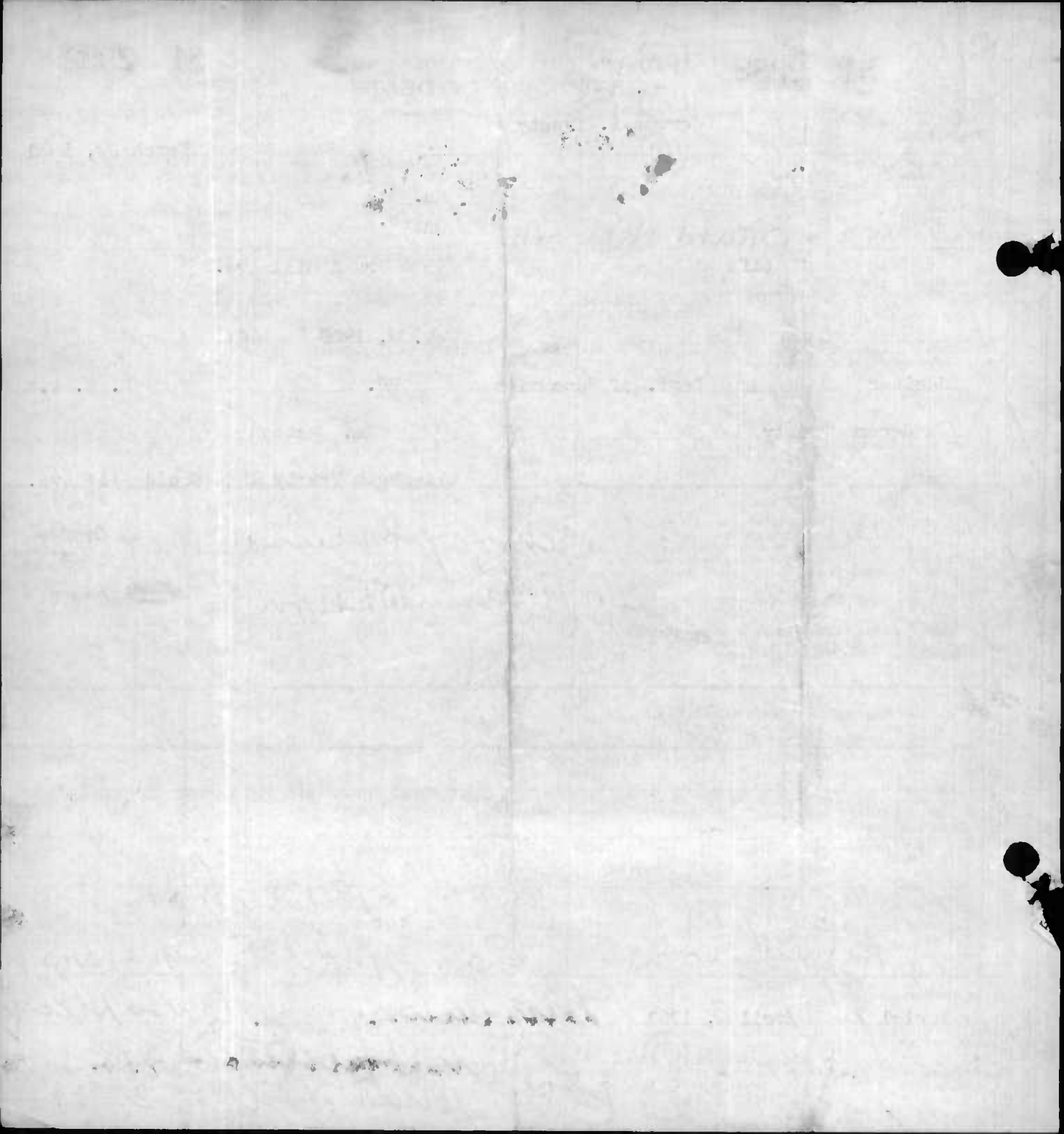
100

100

PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

| | | | | | | | |
|--|--|---|--|--|--|--|--|
| 623 | | 51 2992 | | BALTIMORE CITY HEALTH DEPARTMENT | | 51 2992 | |
| BIRTH NO. | | | | CERTIFICATE OF DEATH | | Registered No. | |
| 1. NAME OF DECEASED
(Type or Print) | | | | Jerome A. Trusty | | 2. DATE OF DEATH
March 29, 1951 | |
| 3. PLACE OF DEATH:
A. Baltimore City, Maryland | | | | 4. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
A. STATE Md.
B. COUNTY | | | |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION
1526 Druid Hill Ave | | | | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Balt'o. 14-02 | | | |
| c. Length of stay in Baltimore
Life | | | | D. STREET ADDRESS (If rural, give location)
1526 Druid Hill Ave. | | | |
| 5. SEX
M | | 6. COLOR OR RACE
C | | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
M | | 8. DATE OF BIRTH
Feb. 9, 1909 | |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Janitor | | 10B. KIND OF BUSINESS OR INDUSTRY
Dept. of Education | | 11. BIRTHPLACE (State or foreign country)
Md. | | 9. AGE (in years last birthday)
41 | |
| 13. FATHER'S NAME
Jerome Trusty | | | | 14. MOTHER'S MAIDEN NAME
Va. Jackson | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)
no | | 16. SOCIAL SECURITY NO.
? | | 17. INFORMANT
Elizabeth Trusty 1526 Druid Hill Ave. | | | |
| 18. 300.7
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)
schizophrenia
CAUSE OF DEATH
DUE TO
malnutrition
INTERVAL BETWEEN ONSET AND DEATH
4 mos
4 mos | | | | | | | |
| 19A. DATE OF OPERATION 0 | | | | 19B. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY?
YES <input type="checkbox"/> NO <input type="checkbox"/> | |
| 21A. ACCIDENT WAS UNDER- Lying <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH | | 21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) | | | |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | | 21E. INJURY OCCURRED
WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21F. HOW DID INJURY OCCUR? | | | |
| 22. I hereby certify that I attended the deceased from Jan 27, 1951, and that death occurred at 12:40 AM from the causes and on the date stated above. | | | | | | 23. DATE SIGNED
3/31/51 | |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)
Burial | | 24B. DATE
April 2, 1951 | | 24C. NAME OF CEMETERY OR CREMATORY
Mt. Auburn | | 24D. LOCATION (City, town, or county) (State)
Md. Cedar Hill | |
| DATE RECEIVED BY LOCAL REGISTRAR
APR 2 1951 | | REGISTRAR'S SIGNATURE
Huntington Williams, M.D. | | 25. FUNERAL DIRECTOR
R. J. Substad | | ADDRESS
1526 Druid Hill Ave. 842 | |



PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

630

51 2993

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2993

Registered No. _____

BIRTH NO. _____

1. NAME OF DECEASED
(Type or Print)

GERTRUDE E. HOWARD

2. DATE
OF
DEATH

Apr. 1, 1951

3. PLACE OF DEATH:

a. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence

A. STATE

B. COUNTY

before admission)

Maryland

c. CITY OR TOWN

(If outside corporate limits, write RURAL and give township)

Baltimore

11-02

d. STREET ADDRESS (If rural, give location)

1037 Cathedral St.

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

6. COLOR OR RACE

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Female

White

Married

10a. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

House wife

10b. KIND OF BUSINESS OR
INDUSTRY

At home

11. BIRTHPLACE (State or foreign country)

Pa,

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John Kehoe

14. MOTHER'S MAIDEN NAME

Estella Branigan

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

ADDRESS

Mrs Mary Schnur, 1037 Cathedral St.

18. 194X

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Carcinoma of thyroid

about
20 yrs. (est)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Myocarditis

?

(C) DUE TO

Arteriosclerosis

?

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☐

21a. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21b. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21c. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21d. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21e. INJURY OCCURRED

21f. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

22. I hereby certify that I attended the deceased from July 16, 1950, to April 1, 1951, that I last saw the
deceased alive on Jan. 29, 1951, and that death occurred at 99 a.m., from the causes and on the date stated above.

23a. SIGNATURE

23b. ADDRESS

23c. DATE SIGNED

Hathaway, Supt. M. D.

1810 Eutaw Pl.

April 2, 1951

24a. BURIAL, CREMA-
TION, REMOVAL (Specify)

Removal

24b. DATE

4/2/51

24c. NAME OF CEMETERY OR CREMATORY

Hartford

24d. LOCATION (City, town, or county)

Hartford, Conn.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S

ADDRESS

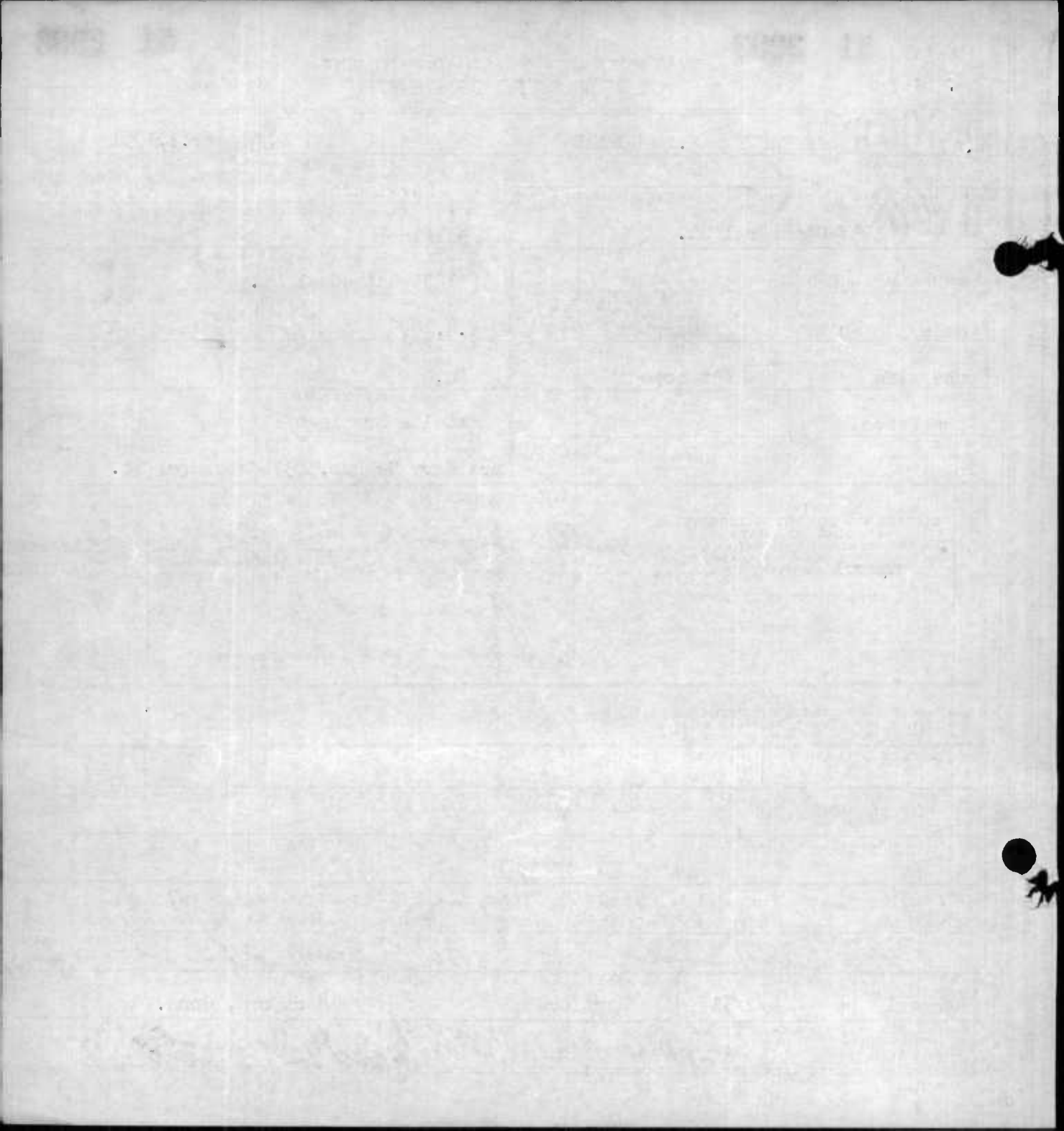
APR 2 1951

Wm. J. Williams

1221 St Paul St

VS 150

55c



PLEASE WRITE IN FAIRLY, WITH UNFADING INK. Every item of information should be fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

7.520 51 2994

REA-147141

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2994

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

Blanche Knox

2. DATE
OF
DEATH

March 31, 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR
INSTITUTION

Baltimore City Hospitals
4940 Eastern Avenue

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE
Maryland

B. COUNTY

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
Baltimore 10-01

D. STREET ADDRESS (If rural, give location)
1115 Barclay Street

E. Length of stay in Baltimore

life

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Married

8. DATE OF BIRTH

Feb. 17, 1878

9. AGE (In years
last birthday)

73

If Under 1 Year
Months Days Hours Min.

10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR
INDUSTRY

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Hayes ?

14. MOTHER'S MAIDEN NAME

?

15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

16. SOCIAL
SECURITY NO.

17. INFORMANT
Records: B. C. H. 4940 Eastern Avenue

18. 4221 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

(A) DUE TO

Arteriosclerotic Cardio Vascular Disease Unknown

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B) DUE TO

Cerebrovascular Accident

one month

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONOITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDER-
LYING ☐ OR CONTRIBUTING ☐
CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

21F. HOW DID INJURY OCCUR?

WHILE AT ☐ NOT WHILE
WORK ☐ AT WORK ☐

22. I hereby certify that I attended the deceased from 3-27 1951 to 3-31 1951, that I last saw the
deceased alive on 3-31-1951 and that death occurred at 5:30 A. M., from the causes and on the date stated above.

23A. SIGNATURE

23B. ADDRESS

4940 Eastern Avenue

23C. DATE SIGNED

3-31-51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

24B. DATE

4/3/51

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Balto. Md.

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

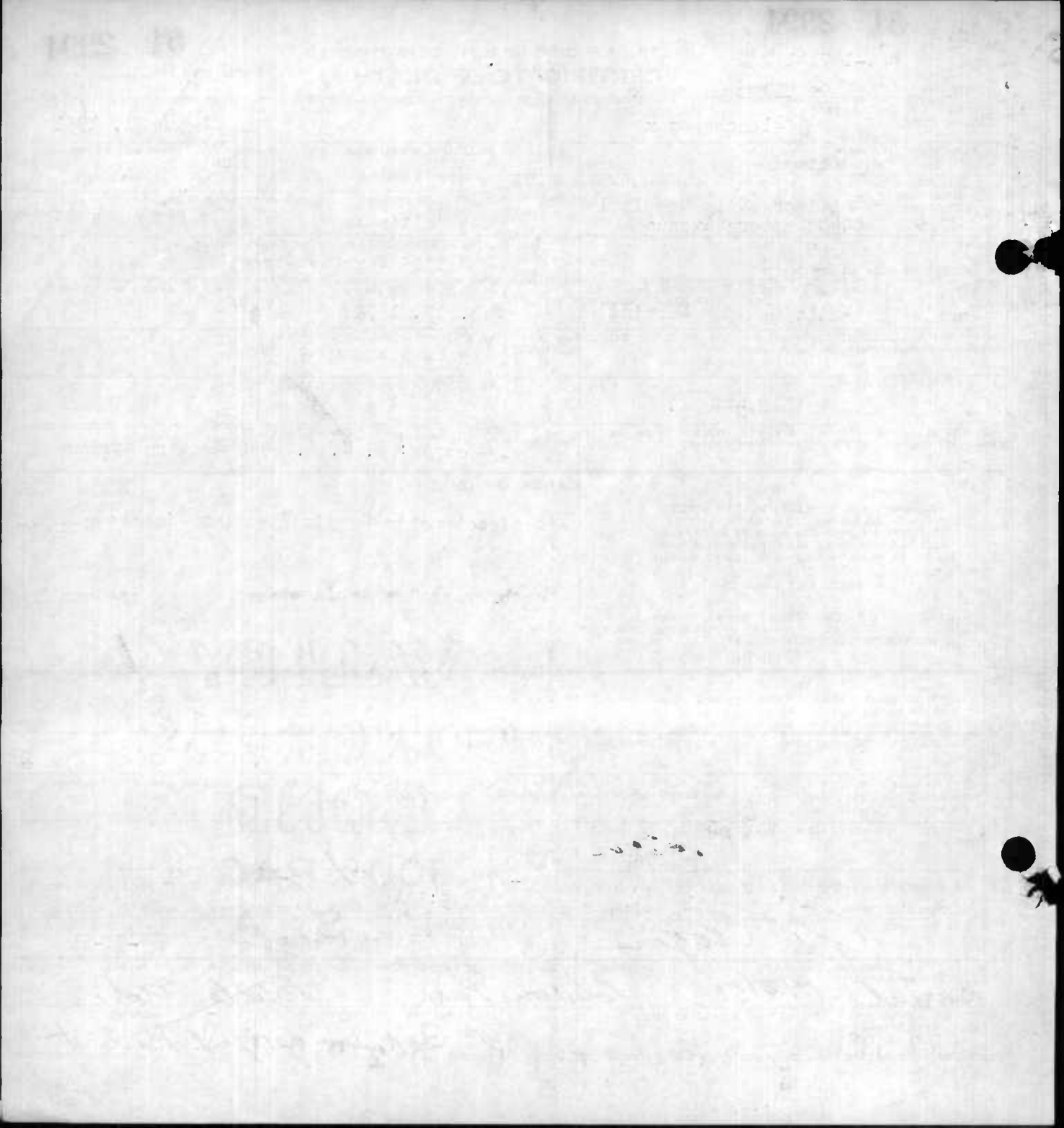
APR 2 1951

Wm. C. H. 4940 Eastern Avenue

Wm. C. H. 4940 Eastern Avenue

VS 150

937



PLEASE WRITE IN INK, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

5-140

51 2995

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2995

Registered No.

BIRTH NO. 51-05723

1. NAME OF DECEASED
(Type or Print)

Paulette Shipley A-83923

2. DATE
OF
DEATH

APR 1 - 1951

3. PLACE OF DEATH:

A. Baltimore City, Maryland

B. FULL NAME OF
HOSPITAL OR
INSTITUTION

JOHNS HOPKINS HOSPITAL

4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)

A. STATE

Md.

B. COUNTY

26-03

C. CITY OR TOWN

Baltimore

D. STREET ADDRESS (If rural, give location)

4687 Freedom Way

5. SEX

female white

6. COLOR OR RACE

7. SINGLE, MARRIED,

WIDOWED, DIVORCED (Specify)

baby

8. DATE OF BIRTH

3-9-51

9. AGE (in years last birthday)

11. Under 1 year

Months: Days

22

11. Under 24 hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10B. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)

md.

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Jack A. Shipley

14. MOTHER'S MAIDEN NAME

Patricia Ann

15. WAS DECEASED EVER IN U.S. ARMED FORCES
(Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

ADDRESS

JOHNS HOPKINS HOSPITAL

18. 5703 I

CAUSE OF DEATH

INTERVAL BETWEEN
ONSET AND DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

(A) Intestinal Obstruction

21 day

DUE TO

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(B)

DUE TO

(C)

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

18 Mar 1951

19B. MAJOR FINDINGS OF OPERATION

Midgut volvulus

20. AUTOPSY?

YES ☐ NO ☒

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-9-1951, to 4-1-1951, that I last saw the deceased alive on 4-1-1951, and that death occurred at 4:54 a.m., from the causes and on the date stated above.

23A. SIGNATURE

Lee W. Bass

M. D.

23B. ADDRESS

JOHNS HOPKINS HOSPITAL

23C. DATE SIGNED

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/3/51

24C. NAME OF CEMETERY OR CREMATORY

London Park

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

APR 2 1951

REGISTRAR'S SIGNATURE

W. H. Williams, M.D.

25. FUNERAL DIRECTOR

1214 St Paul St

ADDRESS

51 2996

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2996

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

CLARA R. Brown

2. DATE
OF
DEATH

3/31/51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived, If institution; residence before admission)

A. STATE
Maryland

B. COUNTY

8. FULL NAME OF
HOSPITAL OR
INSTITUTION

1931 Annapolis Ave

C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)

Baltimore 25-43

D. STREET ADDRESS (If rural, give location)

1931 Annapolis Ave

c. Length of stay in Baltimore

Yrs.
Mos.
Days

5. SEX

Female

6. COLOR OR RACE

White

7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)

Widow

8. DATE OF BIRTH

July 18, 1881

9. AGE (In years
last birthday)

62

10. Under 1 Year
Months: Days: Hours: Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)

Housewife

10B. KIND OF BUSINESS OR
INDUSTRY

At Home

11. BIRTHPLACE (State or foreign country)

Baltimore Md

12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

John W. Smith

14. MOTHER'S MAIDEN NAME

Ellen Flynn

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)

No

16. SOCIAL
SECURITY NO.

17. INFORMANT

Mary M. Ridgway, 1931 Annapolis Ave

ADDRESS

18.

472.1
DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH
(This does not mean the mode of dying, e.g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)

CAUSE OF DEATH

(A)

DUE TO

Arteriosclerotic Cardiovascular
DiseaseINTERVAL BETWEEN
ONSET AND DEATH

ANTECEDENT CAUSES

(B)

DUE TO

DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II

OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒21A. EXTERNAL CAUSE WAS
UNDERLYING ☐ OR CONTRIB-
UTING ☐ CAUSE OF DEATH.21B. PLACE OF INJURY (e.g., in or
about home, farm, factory, street, office bldg., etc.)21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY

21E. INJURY OCCURRED

WHILE AT ☐ NOT WHILE ☐
WORK AT WORK

21F. HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Inspection Inquiry thereon and from
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐

23A. SIGNATURE

John R. Davis

23B. CHIEF MEDICAL EXAMINER.....
ASSISTANT MEDICAL EXAMINER.....
M.D. MEDICAL INVESTIGATOR.....

23C. DATE SIGNED

4/1/51

24A. BURIAL, CREMA-
TION, REMOVAL (Specify)

Burial

24B. DATE

4/3/51

24C. NAME OF CEMETERY OR CREMATORY

Lin Cathedral

24D. LOCATION (City, town, or county)

Baltimore Md

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

APR 2 1951

REGISTRAR'S SIGNATURE

[Signature]

25. FUNERAL DIRECTOR

W. E. Cook, 1211 St Paul St

ADDRESS

VS 151

937

PLEASE WRITE IN INK. Every item of information should be clearly and fully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and fully.

MEDICAL CERTIFICATION

51 2997

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2997

Registered No.

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)Genevieve
*Alice / Le Pore (LePore)*2. DATE
OF
DEATH *March 31, 1951*

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. USUAL RESIDENCE (Where deceased lived. If institution: residence
A. STATE B. COUNTY before admission)

Md.

B. FULL NAME OF
HOSPITAL OR
INSTITUTION (If not in hospital or institution, give street address or
location)*S. Baltimore Gen'l. Hosp.*C. CITY OR TOWN (If outside corporate limits, write RURAL, and give
township)*Linthicum*

D. STREET ADDRESS (If rural, give location)

101 Oak Ave.

E. Length of stay in Baltimore

5. SEX

female

6. COLOR OR RACE

*white*7. SINGLE, MARRIED,
WIDOWED, DIVORCED (Specify)*married*

8. DATE OF BIRTH

*Mar. 5, 1918*9. AGE (In years
last birthday)*33*10. Under 1 Year
Months Days11. Under 24 Hours
Hours Min.10A. USUAL OCCUPATION (Give kind of
work done during most of working life, even if retired)*Housewife*10B. KIND OF BUSINESS OR
INDUSTRY*At Home*

11. BIRTHPLACE (State or foreign country)

*Fordham, N. Y.*12. CITIZEN OF
WHAT COUNTRY?

13. FATHER'S NAME

Arthur F. Rogers

14. MOTHER'S MAIDEN NAME

*Ethel Jones*15. WAS DECEASED EVER IN U. S. ARMED FORCES?
(Yes, no or unknown) (If yes, give war or dates of service)*none*16. SOCIAL
SECURITY NO.*220-05-1645*

17. INFORMANT

ADDRESS

*Mr. Nicholas A. LePore - 101 Oak Ave.*INTERVAL BETWEEN
ONSET AND DEATH18. *E816.4*

CAUSE OF DEATH

DISEASE OR CONDITION DIRECTLY
LEADING TO DEATH(This does not mean the mode of dying, e. g.,
heart failure, asthenia, etc. It means the disease,
injury or complication which caused death.)(A) *Exsanguination due to*
DUE TO *Avulsion of Scalp*

ANTECEDENT CAUSES

(B) *Multiple Fractured Ribs*
DUE TO *FRACTURE OF NOSE*DISEASES OR CONDITIONS, IF ANY, GIVING
RISE TO THE ABOVE CAUSE (A) STATING THE
UNDERLYING CONDITION LAST.

(C)

II
OTHER SIGNIFICANT CONDITIONS CON-
TRIBUTING TO THE DEATH, BUT NOT RELATED
TO THE DISEASE OR CONDITION CAUSING IT.*Pregnancy - Post Partum Sepsis*

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐21A. EXTERNAL CAUSE WAS
UNDERLYING OR CONTRIB-
UTING CAUSE OF DEATH.21B. PLACE OF INJURY (e. g., in or
about home, farm, factory, street, office bldg., etc.)*Street*21C. WHERE DID
INJURY OCCUR? (If in Baltimore City, give exact location)*Bayard & Russell Sts.*21D. TIME (Month) (Day) (Year) (Hour)
OF INJURY*3-31-51 10 P M.*21E. INJURY OCCURRED
WHILE AT NOT WHILE
WORK ☐ AT WORK ☒

21F. HOW DID INJURY OCCUR?

*Auto into auto, deceased thrown from auto*22. I certify that I took charge of the remains described above, held an *Autopsy* thereon and from
Autopsy, Inspection or Inquiry
the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above,
and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.

23A. SIGNATURE

*R. S. Fisher*23B. CHIEF MEDICAL EXAMINER.....☒ 23C. DATE SIGNED
ASSISTANT MEDICAL EXAMINER.....☐ *4/1/51*
MEDICAL INVESTIGATOR.....☐24A. BURIAL, CREMA-
TION, REMOVAL (Specify)*Burial*

24B. DATE

4/4/51

24C. NAME OF CEMETERY OR CREMATORY

Balto. National Cem.

24D. LOCATION (City, town, or county)

Balto., Md.

(State)

DATE RECEIVED BY
LOCAL REGISTRAR

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR

ADDRESS

*APR 2 1951**St. James & Sons - Balt**25. FUNERAL DIRECTOR**170c Md*

VS 151

*N-850.2**170c Md*

PLEASE WRITE IN INK. WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

7005 12

7005 12

STANDARD OF CATH

1000 1000

1000 1000

1000 1000

1000 1000

1000 1000

1000 1000

1000 1000

1000 1000

1000 1000

1000 1000

1000 1000

1000 1000

1000 1000

1000 1000

1000 1000

1000 1000

1000 1000

1000 1000

1000 1000

1000 1000

1000 1000

1000 1000

PLEASE WRITE CLEARLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MEDICAL CERTIFICATION

| | | | | | |
|---|--|----------------------------------|--|-----------------------------------|---|
| 51 2998 | | BALTIMORE CITY HEALTH DEPARTMENT | | 51 2998 | |
| BIRTH NO. | | CERTIFICATE OF DEATH | | Registered No. | |
| 1. NAME OF DECEASED
(Type or Print) | | | 2. DATE OF DEATH | | |
| OLGA OZOLINS | | | 3/30/51 | | |
| 3. PLACE OF DEATH:
A. Baltimore City, Maryland | | | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | | |
| B. FULL NAME OF (If not in hospital or institution, give street address or location)
HOSPITAL OR INSTITUTION | | | A. STATE | | |
| Union Memorial Hosp. | | | Md. | | |
| C. CITY OR TOWN (If outside corporate limits, write RURAL and give township) | | | O. STREET ADDRESS (If rural, give location) | | |
| Balt. | | | 825 Woodbourne Ave. | | |
| c. Length of stay in Baltimore | | | 8. DATE OF BIRTH | | |
| Yrs. Mos. Days | | | 9. AGE (in years last birthday) | | |
| 5. SEX | | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | |
| Female | | | Housewife | | |
| 6. COLOR OR RACE | | | 10b. KIND OF BUSINESS OR INDUSTRY | | |
| White | | | - | | |
| 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) | | | 11. BIRTHPLACE (State or foreign country) | | |
| Married | | | Lithuania | | |
| 13. FATHER'S NAME | | | 12. CITIZEN OF WHAT COUNTRY? | | |
| - | | | 14. MOTHER'S MAIDEN NAME | | |
| - | | | - | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) | | | 16. SOCIAL SECURITY NO. | | |
| - | | | - | | |
| 17. INFORMANT | | | ADDRESS | | |
| Alfreds Ozolin | | | 825 Woodbourne Ave. | | |
| 18. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.) | | | CAUSE OF DEATH | | |
| 420.1 | | | Coronary Thrombosis due to | | |
| ANTECEDENT CAUSES | | | (A) Hypertensive Cardio-Vascular | | |
| DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. | | | DUE TO | | |
| - | | | Neural Disease. | | |
| (B) ... | | | ... | | |
| (C) ... | | | ... | | |
| II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | | | INTERVAL BETWEEN ONSET AND DEATH | | |
| - | | | Sudden | | |
| 19A. DATE OF OPERATION | | | 19B. MAJOR FINDINGS OF OPERATION | | |
| 0 | | | - | | |
| 20. AUTOPSY? | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | |
| 21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH | | | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | | |
| - | | | - | | |
| 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) | | | 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | | |
| - | | | - | | |
| 21E. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | | 21F. HOW DID INJURY OCCUR? | | |
| - | | | - | | |
| 22. I hereby certify that I attended the deceased from Jan. 31, 1951, to Mar 17, 1951, that I last saw the deceased alive on Mar 17, 1951, and that death occurred at ... m., from the causes and on the date stated above. | | | | | |
| 23A. SIGNATURE | | | 23B. ADDRESS | | 23C. DATE SIGNED |
| J. S. Blue | | | 1115 N. Calvert St. | | 4/1/51 |
| M. O. | | | - | | |
| 24A. BURIAL, CREMATION, REMOVAL (Specify) | | 24B. DATE | 24C. NAME OF CEMETERY OR CREMATORY | | 24D. LOCATION (City, town, or county) (State) |
| Burial | | 4/2/51 | Woodlawn | | Woodlawn Md. |
| DATE RECEIVED BY LOCAL REGISTRAR | | REGISTRAR'S SIGNATURE | | 25. FUNERAL DIRECTOR ADDRESS | |
| APR 2 1951 | | Huntington Williams, M.D. | | Paul C. ... 3615-11 Chestnut Ave. | |
| VS 150 | | | | | |

131a

100

PLEASE WRITE IN INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

653 51 2999

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

51 2999
Registered No.

| | | |
|--|-------------------------------|---|
| BIRTH NO. | | |
| 1. NAME OF DECEASED
(Type or Print) <i>FREDERICKA E. BERENDS</i> | | 2. DATE OF DEATH
<i>3/29/57</i> |
| 3. PLACE OF DEATH:
A. Baltimore City, Maryland | | 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
A. STATE <i>md</i> B. COUNTY |
| B. FULL NAME OF HOSPITAL OR INSTITUTION
<i>4419 Fruit View Ave</i> | | C. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
<i>Baltimore 26-01</i> |
| c. Length of stay in Baltimore
Yrs. Mos. Days | | D. STREET ADDRESS (If rural, give location)
<i>4419 Fruit View Ave</i> |
| 5. SEX
<i>F</i> | 6. COLOR OR RACE
<i>W.</i> | 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)
<i>M</i> |
| 10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 8. DATE OF BIRTH
<i>7/21/79</i> |
| 10B. KIND OF BUSINESS OR INDUSTRY | | 9. AGE (In years last birthday)
<i>71</i> |
| 11. BIRTHPLACE (State or foreign country)
<i>Germany</i> | | 12. CITIZEN OF WHAT COUNTRY? |
| 13. FATHER'S NAME
<i>John Brothman</i> | | 14. MOTHER'S MAIDEN NAME
<i>not known</i> |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. |
| 17. INFORMANT
<i>Louis L. Berends</i> | | ADDRESS
<i>4419 Fruit View Ave</i> |

| | | | |
|-----------------------|---|--|----------------------------------|
| MEDICAL CERTIFICATION | 18. <i>2040</i>
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.)

ANTECEDENT CAUSES

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

II

OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT. | CAUSE OF DEATH

(A) <i>Chronic Lymphatic Leukemia</i>
DUE TO

(B) <i>Generalized atherosclerosis</i>
DUE TO

(C) | INTERVAL BETWEEN ONSET AND DEATH |
|-----------------------|---|--|----------------------------------|

| | | | | |
|--|--|--|---|--|
| 19A. DATE OF OPERATION
<i>0</i> | | 19B. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY?
YES <input type="checkbox"/> NO <input type="checkbox"/> |
| 21A. ACCIDENT, SUICIDE, HOMICIDE (Specify) | 21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) | 21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location) | | |
| 21D. TIME (Month) (Day) (Year) (Hour) OF INJURY | 21E. INJURY OCCURRED
m. WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21F. HOW DID INJURY OCCUR? | | |
| 22. I hereby certify that I attended the deceased from <i>June 50</i> , 19 <i>50</i> , to <i>Mar. 29 57</i> , that I last saw the deceased alive on <i>Mar. 28 1957</i> and that death occurred at <i>1108</i> from the causes and on the date stated above. | | | | |
| 23A. SIGNATURE
<i>Walter A. Budson</i> | | 23B. ADDRESS
<i>3001 Shannon Drive</i> | | 23C. DATE SIGNED
<i>3-30-57</i> |
| 24A. BURIAL, CREMATION, REMOVAL (Specify)
<i>Burial</i> | 24B. DATE
<i>4/2/57</i> | 24C. NAME OF CEMETERY OR CREMATORY
<i>Mountland mem.</i> | 24D. LOCATION (City, town, or county)
<i>Baltimore</i> | (State)
<i>md</i> |
| DATE RECEIVED BY LOCAL REGISTRAR
<i>APR 2 1957</i> | | REGISTRAR'S SIGNATURE
<i>Walter A. Budson</i> | | 25. FUNERAL DIRECTOR
<i>Walter A. Budson</i> |
| | | | | ADDRESS
<i>1639 Broadway</i> |

165
51 3000

BALTIMORE CITY HEALTH DEPARTMENT
CERTIFICATE OF DEATH

Registered No. 51 3000

BIRTH NO.

1. NAME OF DECEASED
(Type or Print)

SPRINGER, MILDRED ALICE

2. DATE OF DEATH

4-2-51

3. PLACE OF DEATH:

A. Baltimore City, Maryland

4. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

University Hospital

5. Length of stay in Baltimore

Yrs. 9
Mos.
Days

6. SEX

7

7. COLOR OR RACE

W

8. SINGLE (MARRIED) WIDOWED, DIVORCED (Specify)

MARRIED

9. DATE OF BIRTH

Jan. 4, 1916

10. AGE (In years last birthday)

(36) 35

11. Under 1 Year

Months: Days

12. Under 24 Hours

Hours: Min.

10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Stenographer

10B. KIND OF BUSINESS OR INDUSTRY

Motor Express

13. FATHER'S NAME

Curran J. Stine

11. BIRTHPLACE (State or foreign country)

Maryland

12. CITIZEN OF WHAT COUNTRY?

USA

14. MOTHER'S MAIDEN NAME

Dora (Hull) HULL

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

232-01-9041

17. INFORMANT

ADDRESS

Woodford T. Norment - Hagerstown, Md.

18. 491X I

CAUSE OF DEATH

INTERVAL BETWEEN ONSET AND DEATH

3+ weeks

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH
(This does not mean the mode of dying, e. g., heart failure, asthma, etc. It means the disease, injury or complication which caused death.)

(A)

Pneumonia, lobular

ANTECEDENT CAUSES

DUE TO

undetermined etiology

DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST.

DUE TO

(C)

II
OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH, BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT.

19A. DATE OF OPERATION

19B. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☒ NO ☐

21A. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

21B. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

21C. WHERE DID INJURY OCCUR? (If in Baltimore City, give exact location)

21D. TIME (Month) (Day) (Year) (Hour) OF INJURY

21E. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21F. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-23-1951 to 4-2-1951, that I last saw the deceased alive on 4-2-1951, and that death occurred at 5:50 Am., from the causes and on the date stated above.

23A. SIGNATURE

Ernest E. Cohen

23B. ADDRESS

4001 N. York, Balto.

23C. DATE SIGNED

4-2-51

24A. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24B. DATE

4/4/51

24C. NAME OF CEMETERY OR CREMATORY

Rest Haven

24D. LOCATION (City, town, or county)

Hagerstown, Md.

(State)

DATE RECEIVED BY REGISTRAR

APR 2 1951

REGISTRAR'S SIGNATURE

Wilmington Williams, Md.

25. FUNERAL DIRECTOR

Woodford T. Norment

ADDRESS

Hagerstown, Md., 107

